

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033214

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CUSTOM MEDICAL PRODUCTS HOLDINGS, LLC

**Current Principal Place of Business:**

3909 E. SEMORAN BOULEVARD  
BUILDING 599  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3909 E. SEMORAN BOULEVARD  
BUILDING 599  
APOPKA, FL 32703

**New Mailing Address:**

522 HUNT CLUB BLVD,  
PMB 412  
APOPKA, FL 32703

**FEI Number:** 26-2311274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32203 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHUMATE, CARL  
Address: 3909 E. SEMORAN BOULEVARD, BLDG 599  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHUMATE, CARL  
Address: 522 HUNT CLUB BLVD., PMB 412  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARL SHUMATE

MGR

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date