

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046962

Entity Name: GIANLYN MEDICAL LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2924 NE 3RD DRIVE
HOMESTEAD, FL 33033 US

New Principal Place of Business:

465 SE 31 AVENUE
HOMESTEAD, FL 33033 US

Current Mailing Address:

2924 NE 3RD DRIVE
HOMESTEAD, FL 33033 US

New Mailing Address:

465 SE 31 AVENUE
HOMESTEAD, FL 33033 US

FEI Number: 26-2582467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RATTO, GINO S
2924 NE 3RD DRIVE
HOMESTEAD, FL, FL 33033 US

Name and Address of New Registered Agent:

RATTO, GINO S
465 SE 31 AVENUE
HOMESTEAD, FL 33033 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RATTO, GINO S
Address: 2924 NE 3RD DRIVE
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RATTO, GINO S
Address: 465 SE 31 AVENUE
City-St-Zip: HOMESTEAD, FL 33033 US

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: GINO S. RATTO

MGRM

05/01/2009

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