

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057882

FILED
Jul 08, 2009
Secretary of State

Entity Name: MEDICAL DEVICE MANUFACTURING ENTERPRISES, LLC

Current Principal Place of Business:

25430 NORTHWEST 8TH LANE, STE. 100
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

25430 NORTHWEST 8TH LANE, STE. 100
NEWBERRY, FL 32669

New Mailing Address:

12 MINTON ROAD
BILLERICA, MA 01821

FEI Number: 26-2829816 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:

BELLO, DAVID A
25430 NORTHWEST 8TH LANE, STE. 100
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

BELLO, DAVID P
25430 NORTHWEST 8TH LANE, STE. 100
NEWBERRY, FL 32669 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: DAVID PETER BELLO

07/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELLO, DAVID A
Address: 25430 NORTHWEST 8TH LANE, STE. 100
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID ANTHONY BELLO

MGR

07/08/2009

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