

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057882

**FILED**  
**Apr 13, 2011**  
**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:**

25430 NORTHWEST 8TH LANE  
SUITE100  
NEWBERRY, FL 32669

**Current Mailing Address:**

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

**New Mailing Address:**

25430 NORTHWEST 8TH LANE  
SUITE100  
NEWBERRY, FL 32669

**FEI Number:** 26-2829816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BELLO, DAVID P  
25430 NORTHWEST 8TH LANE, STE. 100  
NEWBERRY, FL 32669 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  
Name: BELLO, DAVID A  
Address: 25430 NORTHWEST 8TH LANE, STE. 100  
City-St-Zip: NEWBERRY, FL 32669

I hereby 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 A. BELLO

CEO

04/13/2011

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