

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068608

Entity Name: LORVEN MEDICAL LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

918 E FLETCHER AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

1416 E FLETCHER AVE  
TAMPA, FL 33612 US

**Current Mailing Address:**

5317 MARTIN LN  
TAMPA, FL 33617 US

**New Mailing Address:**

FEI Number: 77-0722771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KATTA, SUMANTH  
5317 MARTIN LN  
TAMPA, FL 33617 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: KATTA, MARIELLI  
Address: 5317 MARTIN LANE  
City-St-Zip: TAMPA, FL 33617

Title: MGRM  
Name: KATTA, SUMANTH  
Address: 5317 MARTIN LANE  
City-St-Zip: TAMPA, FL 33617

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: MARIELLI KATTA

MGR

03/31/2010

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