2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L08000073579

Entity Name: CAIN MEDICAL, LLC

Current Principal Place of Business:

13575-58TH STREET NORTH STE 136
CLEARWATER, FL 337603746

New Principal Place of Business:

Current Mailing Address:

13575-58TH STREET NORTH STE 136
CLEARWATER, FL 337603746

New Mailing Address:

FEI Number: 32-0259584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'LEARY, D MICHAEL
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: CAIN, STUART J PS
Address: 67 ELIZABETH WAY
City-St-Zip: CAMBRIDGE, - CB4 1DB

Title: DR ( ) Change (X) Addition
Name: CAIN, NICHOLAS J VP
Address: 67 ELIZABETH WAY
City-St-Zip: CAMBRIDGE, - CB4 1DB

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: STUART J CAIN MR 03/30/2009

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