2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# L08000078795

Entity Name: THONERA MEDICAL, LLC

Current Principal Place of Business:

5521 S.W. 6TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5521 S.W. 6TH STREET
PLANTATION, FL 33317

New Mailing Address:

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

Name and Address of Current Registered Agent:

MAHIPAT-LEE, NERA
5521 S.W. 6TH STREET
PLANTATION, FL 33317 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: MGRM ( ) Delete
Name: MAHIPAT-LEE, NERA
Address: 5521 S.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete
Name: LEE, THOMAS G
Address: 5521 S.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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

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: NERA MAHIPAT-LEE MNGR 01/11/2009

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