

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000085062

**FILED**  
**Sep 06, 2011**  
**Secretary of State**

**Entity Name:** AJD MEDICAL LLC

**Current Principal Place of Business:**

612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**FEI Number:** 26-3347931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

DECARLI, ANTONIO J  
612 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168 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: ANTONIO DECARLI

09/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DECARLI, ANTONIO  
Address: 612 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: ANTONIO DECARLI

DR

09/06/2011

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