

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097393

FILED  
May 01, 2009  
Secretary of State

Entity Name: JSP MEDICAL LLC

**Current Principal Place of Business:**

3443 SW 24TH STREET  
303  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

3443 SW 24TH STREET  
303  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 26-4784842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MYERS, STEPHEN M  
3443 SW 24TH STREET  
303  
GAINESVILLE, FL FL 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MYERS, STEPHEN M  
Address: 3443 SW 24TH STREET #303  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM ( ) Delete  
Name: WINTERS, JASON T  
Address: 2134 SW 14TH STREET  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM ( ) Delete  
Name: CARNEY, PAUL R  
Address: 5325 NW 80TH AVE  
City-St-Zip: GAINESVILLE, FL 32653 US

**ADDITIONS/CHANGES:**

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

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: STEPHEN MYERS

MGRM

05/01/2009

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