

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098579

FILED
Apr 26, 2012
Secretary of State

Entity Name: SCORPION MEDICAL TECHNOLOGIES LLC

Current Principal Place of Business:

5817 NW 44TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

5817 NW 44TH AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-3570802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, KAREN
5817 NW 44TH AVENUE
OCALA, FL 34482 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
Name: STOPANIO, ANGIE
Address: 5817 NW 44TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: MGRM
Name: WHALEN, LUKE
Address: 5817 NW 44TH AVENUE
City-St-Zip: OCALA, FL 34482

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: ANGIE STOPANIO

MGRM

04/26/2012

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