

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099942

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** OCEAN RADIATION EQUIPMENT, LLC

**Current Principal Place of Business:**

545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 26-3620409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRABLE, MICHAEL S M.D.  
545 HEALTH BLVD.  
DAYTONA BEACH, FL 32114 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: ATLANTIC UROLOGICAL ASSOCIATES, PA  
Address: 545 HEALTH BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

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: ATLANTIC UROLOGICAL ASSOCIATES, PA

MGRM

01/07/2010

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