

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007513

Entity Name: TRA MEDICAL, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5959 CENTRAL AVE  
STE 100  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

357 4TH AVE SOUTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

357 4TH AVE SOUTH  
ST. PETERSBURG, FL 33701

**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:**

SMITH AEBEL, ERIN  
AARON SPRAGUE  
357 4TH AVE SOUTH  
SAINT PETERSBURG, FL 33701 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: MGR  
Name: SPRAGUE, AARON  
Address: 357 4TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PCEO  
Name: SPRAGUE, AARON  
Address: 357 4TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

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: AARON SPRAGUE

MGR

04/16/2012

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