

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008605

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** LEDUFF ENTERPRISE MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

20160 SEAGROVE ST, UNIT 2806  
ESTERO, FL 33928

**New Principal Place of Business:**

20160 SEAGROVE ST  
UNIT 2806  
ESTERO, FL 33928

**Current Mailing Address:**

20160 SEAGROVE ST, UNIT 2806  
ESTERO, FL 33928

**New Mailing Address:**

20160 SEAGROVE ST  
UNIT 2806  
ESTERO, FL 33928

**FEI Number:** 80-0338733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEDUFF, CHRISTOPHER G  
2494 LAKE DEBRA DR  
206  
ORLANDO, FL 32835 US

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

LEDUFF, CHRISTOPHER G  
20160 SEAGROVE ST  
UNIT 2806  
ESTERO, FL 33928 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:

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LEDUFF, CHRISTOPHER G  
Address: 20160 SEAGROVE ST.  
City-St-Zip: ESTERO, FL 33928 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: CHRIS LEDUFF

MGR

04/29/2010

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