# 2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Jul 19, 2011**
**Secretary of State**

DOCUMENT# L09000012135

**Entity Name:** QUALITY MEDICAL PRODUCTS, LLC

**Current Principal Place of Business:**

5180 WEST ATLANIC AVE.
105
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

5180 WEST ATLANTIC AVE.
SUITE 105
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

5180 WEST ATLANIC AVE.
105
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

5180 WEST ATLANTIC AVE.
SUITE 105
DELRAY BEACH, FL 33484 US

**FEI Number: 26-4203007** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SOBLICK, DAVID
5180 WEST ATLANIC AVE.
DELRAY BACH, FL 33484 US

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

SOBLICK, JORDAN
5180 WEST ATLANTIC AVE.
SUITE 105
DELRAY BACH, FL 33484 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: JORDAN SOBLICK 07/19/2011
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: SOBLICK, JORDAN
Address: 5180 WEST ATLANTIC AVE., SUITE 105
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM
Name: ARONOFF, KEITH SOBLICK
Address: 5180 WEST ATLANTIC AVE., SUITE 105
City-St-Zip: DELRAY BEACH, FL 33484 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 Statues.

SIGNATURE: JORDAN SOBLICK MGRM 07/19/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date