

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015447

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BWDU MEDICALSOLUTIONS LLC

**Current Principal Place of Business:**

15275 COLLIER BLVD 201 PMB 209  
NAPLES, FL 34119

**New Principal Place of Business:**

6140 LEE ANN LANE  
NAPLES, FL 34109

**Current Mailing Address:**

15275 COLLIER BLVD 201 PMB 209  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 26-4399225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMEEKAN, GRAEME  
15275 COLLIER BLVD 201 PMB 209  
NAPLES, FL 34119 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: MCMEEKAN, GRAEME  
Address: 15275 COLLIER BLVD 201 PMB 209  
City-St-Zip: NAPLES, FL 34119

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: GRAEME P MCMEEKAN

MGNT

04/30/2012

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