

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021147

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** MIMUR MEDICAL SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

3729 VIA DE LA REINA  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

3729 VIA DE LA REINA  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 90-0564344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAMPTON, WADE MCK.  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 US

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

HAMPTON, WADE MCK.  
4348 SOUTHPOINT BOULEVARD SUITE 101  
SUITE 101  
JACKSONVILLE, FL 32216 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:

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MIMBS, JAMES H  
Address: 3729 VIA DE LA REINA  
City-St-Zip: JACKSONVILLE, FL 32257

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: JAMES H. MIMBS

MGRM

04/28/2010

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