

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034956

Entity Name: PBZB MEDICAL, LLC

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

**Current Principal Place of Business:**

11313 MANDARIN RIDGE LANE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24988  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 26-4654837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOSAJASO LLC  
979 PARKVIEW DR  
TALLAHASSEE, FL 32311 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: PIKE INDUSTRIES  
Address: 313 PHEASANT RIDGE CIRCLE  
City-St-Zip: BOUNTIFUL, UT 84010

Title: MGRM  
Name: ARTHROMEDICA  
Address: 6310 SOUTH 900 EAST  
City-St-Zip: SALT LAKE CITY, UT 84121

Title: MGRM  
Name: LOSAJASO LLC  
Address: 979 PARKVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

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: BRET BERRY

MR.

06/29/2010

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