

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037481

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** IMED HEALTH PRODUCTS, LLC

**Current Principal Place of Business:**

8004 NW 154TH STREET  
SUITE 658  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8004 NW 154TH STREET  
SUITE 658  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 26-4694433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCALL, CHRISTOPHER K  
8004 NW 154TH STREET  
#658  
MIAMI LAKES, FL, FL 33016 US

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

MCCALL, CHRISTOPHER K  
8004 NW 154TH STREET  
#658  
MIAMI LAKES, FL 33016 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: CKM

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCALL, CHRISTOPHER K  
Address: 8004 NW 154TH STREET SUITE 658  
City-St-Zip: MIAMI LAKES, FL 33016

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: CKM

MGRM

01/13/2010

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