

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000043552

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** WORLD WIDE MEDICAL OF FLORIDA, LLC

**Current Principal Place of Business:**

115 HURLEY ROAD  
BUILDING 3  
OXFORD, CT 06478

**New Principal Place of Business:**

**Current Mailing Address:**

115 HURLEY ROAD  
BUILDING 3  
OXFORD, CT 06478

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

W. SCOTT NEWBERN, PL  
2982 EAST GIVERNY  
TALLAHASSEE, FL 32309      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:** WORLD WIDE MEDICAL TECHNOLOGIES, LLC  
**Address:** 115 HURLEY ROAD, BLDG. 3  
**City-St-Zip:** OXFORD, CT 06478

**Title:** ST  
**Name:** NEWBERN, W. SCOTT  
**Address:** 2982 EAST GIVERNY CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32309 ST

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: W, SCOTT NEWBERN                      ST                      04/24/2011

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