

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046226

Entity Name: CSL MEDICAL, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

700 ALMOND STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

1655 EAST HIGHWAY 50  
SUITE 300  
CLERMONT, FL 34711

**Current Mailing Address:**

700 ALMOND STREET  
CLERMONT, FL 34711

**New Mailing Address:**

1655 EAST HIGHWAY 50  
SUITE 300  
CLERMONT, FL 34711

FEI Number: 94-3481563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, BRET  
700 ALMOND STREET  
CLERMONT, FL 34711 US

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

SCHMID, JOHN  
1655 EAST HIGHWAY 50  
SUITE 300  
CLERMONT, FL 34711 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: JOHN SCHMID

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHMID, JOHN  
Address: 1655 EAST HIGHWAY 50 SUITE 300  
City-St-Zip: CLERMONT, FL 34711

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: JOHN SCHMID

MGR

04/30/2010

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