

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000068177

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATED MEDICAL DESIGN SERVICES, LLC

**Current Principal Place of Business:**

801 EYRIE DRIVE  
200  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

801 EYRIE DRIVE  
150  
OVIDO, FL 32765

**New Mailing Address:**

**FEI Number:** 27-0540914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BESSETTE, MARK A  
801 EYRIE DRIVE  
150  
OVIDO, FL 32765 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:** MGR  
**Name:** BESSETTE, MARK A  
**Address:** 801 EYRIE DRIVE  
**City-St-Zip:** OVIDO, FL 32765

**Title:** MGR  
**Name:** FISCHER, DELORES  
**Address:** 801 EYRIE DRIVE SUITE 150  
**City-St-Zip:** OVIDO, FL 32765

**Title:** MGR  
**Name:** SPARROW, ROBERT  
**Address:** 801 EYRIE DRIVE SUITE 150  
**City-St-Zip:** OVIDO, FL 32765

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:** MARK BESSETTE

MGR

08/31/2010

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