

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070494

FILED
Apr 15, 2011
Secretary of State

Entity Name: ION MEDICAL SUPPLY, LLC

Current Principal Place of Business:

4390 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4390 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 94-3486036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKELY, MELODY
4390 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 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: BLAKELY, MELODY
Address: 4390 RIPKEN CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

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: MELODY BLAKELY

MGR

04/15/2011

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