

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070494

Entity Name: ION MEDICAL SUPPLY, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4390 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

10068 DEERCREEK CLUB RD E.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4390 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Mailing Address:**

10068 DEERCREEK CLUB RD E.  
JACKSONVILLE, FL 32256

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:**

HURON, MELODY  
10068 DEERCREEK CLUB RD E.  
JACKSONVILLE, FL 32256 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: MELODY HURON

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HURON, MELODY  
Address: 10068 DEERCREEK CLUB RD E.  
City-St-Zip: JACKSONVILLE, FL 32256

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 HURON

MGR

04/30/2012

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