

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072946

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** INTERTERRA MEDICAL, LLC

**Current Principal Place of Business:**

5780 GRANDE RESERVE WAY  
NO. 1401  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

5780 GRANDE RESERVE WAY  
NO. 1401  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-1080271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRANE, THOMAS J  
5780 GRANDE RESERVE WAY  
NO. 1401  
NAPLES, FL 34110 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:** CRANE, THOMAS J  
**Address:** 5780 GRANDE RESERVE WAY, NO. 1401  
**City-St-Zip:** NAPLES, FL 34110

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: THOMAS J CRANE

MGRM

04/26/2012

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