

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077170

**Entity Name:** CURRENT MEDICAL LLC

**FILED**  
**May 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1344 NEW FOREST LANE  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1161  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 27-0711470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAVETTE, JEFFERY A  
1344 NEW FOREST LANE  
OSPREY, FL 34229 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: GAVETTE, JEFFERY A  
Address: 1344 NEW FOREST LANE  
City-St-Zip: OSPREY, FL 34229

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: JEFF GAVETTE

MGR

05/10/2012

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