

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106598

Entity Name: CALAIS MEDICAL, LLC

FILED  
May 01, 2011  
Secretary of State

**Current Principal Place of Business:**

6673 NW 24TH TERRACE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

6673 NW 24TH TERRACE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 27-1248247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ANDERSON, CHRISTINE A MS.  
6673 NW 24TH TERRACE  
BOCA RATON, FL 33496 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: ANDERSON, CHRISTINE A  
Address: 6673 NW 24TH TERRACE  
City-St-Zip: BOCA RATON, FL 33496

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: CHRISTINE ANDERSON

MGR

05/01/2011

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