

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108279

Entity Name: 1ST WAVE MEDICAL L.L.C.

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

FEI Number: 27-1325062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BREWER, THOMAS E  
170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095 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: BREWER, CONSTANCE L  
Address: 170 PARKSIDE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

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: CONTANCE L BEWER

MGRM

02/16/2010

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