

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108279

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

FILED  
Apr 27, 2011  
Secretary of State

**Current Principal Place of Business:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095 US

**Current Mailing Address:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095 US

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:**

BREWER, CONSTANCE  
170 PARKSIDE DRIVE  
ST. AUGUSTINE, FL 32095 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: CONSTANCE BREWER

04/27/2011

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

Title: P  
Name: BREWER, THOMAS  
Address: 170 PARKSIDE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095 US

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 BREWER

P

04/27/2011

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