

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044452

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL MEDICAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

8131 BAYMEADOWS CIRCLE WEST  
SUITE 204  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

8131 BAYMEADOWS CIRCLE WEST  
SUITE 204  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BANKSTON, JEFFREY R  
2215 S. 3RD STREET  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 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: EL-BAHRI, FADY A  
Address: 8131 BAYMEADOWS CIRCLE WEST, SUITE 204  
City-St-Zip: JACKSONVILLE, FL 32256 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: FADY EL-BAHRI

MRG

04/28/2011

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