2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2012
Secretary of State

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Entity Name: REVEAL MEDICAL COMPRESSIONS, LLC

Current Principal Place of Business:

15271 MCGREGOR BLVD
25
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

15271 MCGREGOR BLVD
25
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 27-2611212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HO, VINH
15281 BAHIA COURT
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

HO, VINH
5595 SUNRISE DRIVE
FORT MYERS, FL 33919 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: VINH HO 03/28/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HO, VINH
Address: 5595 SUNRISE DRIVE
City-St-Zip: FORT MYERS, FL 33919 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 Statues.

SIGNATURE: VINH HO MGRM 03/28/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date