2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# L11000048975

Entity Name: MAMACON MEDICAL LLC

Current Principal Place of Business:

4637 NORTH WEST 6TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 358411
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHN, DARREN F
4637 NORTH WEST 6TH STREET
GAINESVILLE, FL 32609 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: KAHN, DARREN F
Address: 4637 NORTH WEST 6TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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: DARREN KAHN MGRM 01/13/2012

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