

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000054371

Entity Name: VECTOR MEDICAL LLC

FILED
Feb 21, 2012
Secretary of State

Current Principal Place of Business:

601 NW 43RD AVE.
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

601 NW 43RD AVE.
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 45-2121640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, LORI A
601 NW 43RD AVE.
COCONUT CREEK, FL 33066 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: BOLTON, LORI A
Address: 601 NW 43RD AVE.
City-St-Zip: COCONUT CREEK, FL 33066

Title: MGRM
Name: BOLTON, CHARLES J
Address: 601 NW 43RD AVE.
City-St-Zip: COCONUT CREEK, FL 33066

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: LORI A. BOLTON

MGRM

02/21/2012

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