

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088713

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** VALLEY MEDICAL PRODUCTS, LLC

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 902  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

9995 GATE PARKWAY N  
SUITE 330  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
SUITE 902  
JACKSONVILLE, FL 32202

**New Mailing Address:**

9995 GATE PARKWAY N  
SUITE 330  
JACKSONVILLE, FL 32246

**FEI Number:** 45-2989585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKEYE, INC.  
501 RIVERSIDE AVENUE  
SUITE 902  
JACKSONVILLE, FL 32202 US

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

HAWKEYE, INC.  
9995 GATE PARKWAY N.  
SUITE 330  
JACKSONVILLE, FL 32246 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:

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CAHOON, ARTHUR L  
Address: 9995 GATE PARKWAY N. SUITE 330  
City-St-Zip: JACKSONVILLE, FL 32246

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: ARTHUR L. CAHOON

MGR

04/18/2012

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