2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# L11000140420

Entity Name: CLAUSE MEDICAL LLC

Current Principal Place of Business:

6530 OLDE MOAT WAY
DAVIE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 290145
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 45-4077863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKLEY, DANIEL JR
6530 OLDE MOAT WAY
DAVIE, FL 33331 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: WEEKLEY, DANIEL JR
Address: 6530 OLDE MOAT WAY
City-St-Zip: DAVIE, FL 33331 US

Title: MGRM
Name: ROBINSON, KESTON
Address: 605 HOWARD CREEK LANE
City-St-Zip: STUART, FL 34994

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: DANIEL WEEKLEY MGRM 04/19/2012

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