

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001230

FILED  
Jan 22, 2005  
Secretary of State

Entity Name: VAX-D MEDICAL TECHNOLOGIES, L.L.C.

**Current Principal Place of Business:**

CONNELL SQUARE  
38549 US HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

310 MEARS BLVD  
OLDSMAR, FL 34677

**Current Mailing Address:**

310 MEARS BLVD  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 59-3424054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COLA, NICK P CPA  
2759 STATE ROAD 580  
SUITE 211  
CLEARWATER, FL 33761 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: DYER, ALLAN E  
Address: 38549 US HIGHWAY 19 N  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DYER, ALLAN E  
Address: 310 MEARS BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: ALLAN E DYER

MGR

01/22/2005

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