

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000001230

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

310 MEARS BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

310 MEARS BLVD  
OLDSMAR, FL 34677

**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/MANAGERS:**

Title: MGR  
Name: DYER, ALLAN E  
Address: 310 MEARS BLVD  
City-St-Zip: OLDSMAR, FL 34677

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: ALLAN E. DYER

MGR

02/16/2010

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