M01000002255

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~M00~~ M01000002255

1. Entity Name

TNT MEDICAL, LLC

DO NOT WRITE IN THIS SPACE

FILED

03 MAY 14 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18423 GLADSTONE BLVD Suite, Apt. #, etc.	18423 GLADSTONE BLVD Suite, Apt. #, etc.
City & State: MAPLE GROVE, MN	City & State: MAPLE GROVE, MN
Zip: 55311 Country: USA	Zip: 55311 Country: USA

4. FEI Number: 412004177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRENT SOWARDS

Street Address (P.O. Box Number is Not Acceptable)

10312 BLOOMINGDALE AVE STE. 10

City: RIVERVIEW FL Zip Code: 33569

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/20/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT/CEO MGRM	TITLE	
NAME	BRIAN MATHESON	NAME	900014850529
STREET ADDRESS	2657 EAGLE VALLEY DR.	STREET ADDRESS	05/14/03--01030--021 **50.00
CITY-ST-ZIP	WOODBURY, MN. 55129	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	THOMAS BARTON	NAME	900014850529
STREET ADDRESS	18473 GLADSTONE BLVD	STREET ADDRESS	03/27/03--01036--018 **150.00
CITY-ST-ZIP	MAPLE GROVE, MN 55311	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	ANTHONY KRIER	NAME	**DO NOT WRITE**
STREET ADDRESS	17136 CLEAR SPRING	STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA, MN 55345	CITY-ST-ZIP	
TITLE	MGR	TITLE	**IN THIS SPACE**
NAME	BRENT SOWADS	NAME	
STREET ADDRESS	10312 BLOOMINGDALE AVE STE10	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	REINSTATEMENT 0303
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 3/20/2003 813-740-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #