

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000003488

Entity Name: HMD BIOMEDICAL LLC

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

8855 GRISSOM PARKWAY
TITUSVILLE, FL 32780

New Principal Place of Business:

1400 WHITE DRIVE
TITUSVILLE, FL 32780

Current Mailing Address:

8855 GRISSOM PARKWAY
TITUSVILLE, FL 32780

New Mailing Address:

1400 WHITE DRIVE
TITUSVILLE, FL 32780

FEI Number: 20-1332342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOWARDS, BRYAN M
8855 GRISSOM PARKWAY
TITUSVILLE, FL 32783 US

Name and Address of New Registered Agent:

SOWARDS, BRYAN M
1400 WHITE DRIVE
TITUSVILLE, FL 32783 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:

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: C () Delete
Name: SOWARDS, ARON
Address: P.O. BOX 5532
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGR (X) Delete
Name: SOWARDS, BRYAN M
Address: 8855 GRISSOM PARKWAY
City-St-Zip: TITUSVILLE, FL 32780 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HME PROVIDERS, INC.,
Address: P.O. BOX 5532
City-St-Zip: TITUSVILLE, FL 32780 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARON SOWARDS

MGR

10/29/2008

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