

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003488

Entity Name: HMD BIOMEDICAL LLC

**FILED**  
**Jun 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1410 WHITE DRIVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

1410 WHITE DRIVE  
TITUSVILLE, FL 32780 UN

**Current Mailing Address:**

1410 WHITE DRIVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 20-1332342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

SANDERS, CORINNE M  
1410 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: CORINNE SANDERS

06/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: HME PROVIDERS, INC.

MGRM

06/09/2011

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