

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004387

Entity Name: EXEMPLO MEDICAL, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

4660 SLATER ROAD
SUITE #146C
EAGAN, MN 55122

New Principal Place of Business:

720 BROOKER CREEK BLVD
SUITE #200
OLDSMAR, FL 34677

Current Mailing Address:

720 BROOKER CREEK BLVD
SUITE #200
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 90-0088952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIA, FRANCISCO
11930 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 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: MGRM () Delete
Name: FARIA, FRANCISCO
Address: 11930 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

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: FRANCISCO FARIA

MGRM

04/10/2009

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