2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# M06000003646

Entity Name: MEDICAL IMPLANT ALLIANCE, LLC

Current Principal Place of Business:

423 7TH AVE. NORTH
TIERRA VERDE, FL 337151820

New Principal Place of Business:

262 8TH AVE N
TIERRA VERDE, FL 33715 US

Current Mailing Address:

423 7TH AVE. NORTH
TIERRA VERDE, FL 337151820

New Mailing Address:

262 8TH AVE N
TIERRA VERDE, FL 33715 US

FEI Number: 20-5092092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BURKE, BRIAN MD
Address: 423 7TH AVE. NORTH
City-St-Zip: TIERRA VERDE, FL 337151820

Title: MGRM ( ) Delete
Name: SIVERSEN, SCOTT
Address: 437 HOLLYDALE CRT
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BURKE, BRIAN MD
Address: 262 8TH AVE N
City-St-Zip: TIERRA VERDE, FL 33715

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: BRIAN BURKE MGRM 07/08/2008

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