

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003646

FILED
Jul 14, 2009
Secretary of State

Entity Name: MEDICAL IMPLANT ALLIANCE, LLC

Current Principal Place of Business:

262 8TH AVE N
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

262 8TH AVE N
TIERRA VERDE, FL 33715 US

New Mailing Address:

FEI Number: 20-5092092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

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

07/14/2009

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