

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001990

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** ARTHROWAVE MEDICAL TECHNOLOGIES, L.L.C.

**Current Principal Place of Business:**

53 LOVETON CIRCLE, SUITE 207  
SPARKS, MD 21152

**New Principal Place of Business:**

**Current Mailing Address:**

53 LOVETON CIRCLE, SUITE 207  
SPARKS, MD 21152

**New Mailing Address:**

FEI Number: 26-0577529      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:**

SOFFIN, GLENN  
3159 NW 122ND AVENUE  
SUNRISE, FL 33323      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: MGR      ( ) Delete  
Name: MURPHY, RANDY  
Address: 706 WILLIAMS STREET  
City-St-Zip: BALTIMORE, MD 21230

Title: MGR      ( ) Delete  
Name: WHITWORTH, STEVE  
Address: 5 LORKSLEY CT  
City-St-Zip: PHOENIX, MD 21131

**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: STEVE WHITWORTH

MR

07/07/2009

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