

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

FILED
Mar 20, 2009
Secretary of State

Entity Name: STAT HEALTH SCREENS, LLC

Current Principal Place of Business:

PH #1 SUITE 1701
9100 SOUTH DADELAND BLVD.
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

PH #1 SUITE 1701
9100 SOUTH DADELAND BLVD.
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 38-3724233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVELOPMED, LLC
PH #1 SUITE 1701
9100 SOUTH DADELAND BLVD.
MIAMI, FL 33156 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: MMGR () Delete
Name: URBAN, GAIL E
Address: 18045 SW 83RD COURT
City-St-Zip: MIAMI, FL 33157 US

Title: MMGR () Delete
Name: CHILSEN, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MMGR () Delete
Name: DEVELOPMED, LLC,
Address: 901 BRICKELL KEY BLVD., #1404
City-St-Zip: MIAMI, FL 33131

Title: MMGR () Delete
Name: ARROYAVE, AARON J
Address: 901 BRICKELL KEY BLVD., #1404
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MMGR (X) Change () Addition
Name: CHILSON, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MMGR (X) Change () Addition
Name: DEVELOPMED, LLC,
Address: 9100 SOUTH DADELAND BLVD., PH1, STE 1701
City-St-Zip: MIAMI, FL 33156

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

Title: MMGR () Change (X) Addition
Name: ROCA, SANDRA
Address: 6701 SW 72 ST., SUITE 212
City-St-Zip: MIAMI, FL 33143

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: CALI V. ARROYAVE

MMGR

03/20/2009

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