

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

FILED
Apr 12, 2011
Secretary of State

Entity Name: STAT HEALTH SCREENS, LLC

Current Principal Place of Business:

801 BRICKELL AVE.,
9TH FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

848 BRICKELL AVE.
SUITE 750
MIAMI, FL 33131 US

Current Mailing Address:

801 BRICKELL AVE.,
9TH FLOOR
MIAMI, FL 33131 US

New Mailing Address:

848 BRICKELL AVE.
SUITE 750
MIAMI, FL 33131 US

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
801 BRICKELL AVE.,
SUITE 949
MIAMI, FL 33131 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
Name: CHILSON, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MMGR
Name: DEVELOPMED, LLC
Address: 848 BRICKELL AVE., SUITE 750
City-St-Zip: MIAMI, FL 33131

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

Title: MMGR
Name: OKUBO, PETER CRNA
Address: 10851 SW 30TH PLACE
City-St-Zip: DAVIE, FL 33316

I hereby 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: AARON J ARROYAVE

MMGR

04/12/2011

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