

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000054302

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: INFLAMACORE LIMITED LIABILITY COMPANY

## Current Principal Place of Business:

1600 NWTH AVE (R-430)  
RMSB 5058 (R-430)  
MIAMI, FL 33136

## New Principal Place of Business:

1600 NW 10TH AVE (R-430)  
RMSB 5058 (R-430)  
MIAMI, FL 33136

## Current Mailing Address:

1600 NWTH AVE (R-430)  
RMSB 5058 (R-430)  
MIAMI, FL 33136

## New Mailing Address:

1600 NW 10TH AVE (R-430)  
RMSB 5058 (R-430)  
MIAMI, FL 33136

FEI Number: 27-1720526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE & SANDERS, P.A.  
800 SW 8TH ST  
STE 2550  
MIAMI, FL 33130 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  
Name: KEANE, ROBERT W  
Address: 1600 NW 10TH AVE (R-430)  
City-St-Zip: MIAMI, FL 33136

Title: MGRM  
Name: DIETRICH, W. DALTON W  
Address: 1095 NW 14TH TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: MGRM  
Name: DE RIVERO VACCARI, JUAN PABLO  
Address: 1095 NW 14TH TERRACE  
City-St-Zip: MIAMI, FL 33136

Title: MGRM  
Name: BRAMLETT, HELEN M  
Address: 1095 NW 14TH TERRACE  
City-St-Zip: MIAMI, FL 33136

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: ROBERT W. KEANE

DR.

02/17/2011

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