

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005301

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: NEXMED, LLC

**Current Principal Place of Business:**

420 JERICHO TURNPIKE  
SUITE 110  
JERICHO, NY 11753

**New Principal Place of Business:**

**Current Mailing Address:**

420 JERICHO TURNPIKE  
SUITE 110  
JERICHO, NY 11753

**New Mailing Address:**

FEI Number: 46-0488104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: MGR  
Name: JABIF, CLAUDIO R MR.  
Address: 420 JERICHO TURNPIKE SUITE 110  
City-St-Zip: JERICHO, NY 11753

Title: MGR  
Name: BEINHACKER, CLAUDIO J MR.  
Address: 420 JERICHO TURNPIKE SUITE 110  
City-St-Zip: JERICHO, NY 11753

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: CLAUDIO JABIF      MGR      04/12/2012

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