

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009680

Entity Name: PLUS MEDICAL, LLC

Current Principal Place of Business:

4979 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445

Current Mailing Address:

4979 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445 US

FEI Number: 27-0051191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ULLMAN, GREGORY N
170 SE 4TH COURT
POMPANO BEACH, FL 33060 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

Authorized Person(s) Detail :

Title MGRM
Name ULLMAN, GREGORY N
Address 170 SE 4TH COURT
City-State-Zip: POMPANO BEACH FL 33060

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY N ULLMAN

MANAGING MEMBER

04/18/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date