

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065140

**Entity Name:** STAT HEALTH SCREENS, LLC

**Current Principal Place of Business:**

444 BRICKELL AVE.  
SUITE 51-121  
MIAMI, FL 33131

**Current Mailing Address:**

444 BRICKELL AVE.  
SUITE 51-121  
MIAMI, FL 33131 US

**FEI Number:** 38-3724233

**Certificate of Status Desired:** No

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

DEVELOPMED, LLC  
444 BRICKELL AVE  
SUITE 51-121  
MIAMI, FL 33131 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 MGR  
Name ARROYAVE, ROBIN R  
Address 10201 SW 125 STREET  
City-State-Zip: MIAMI FL 33176

Title MGR  
Name LEO, CALI V  
Address ANTIQUERA AVE  
APT 1  
City-State-Zip: MIAMI FL 33134

Title MANAGER  
Name ARROYAVE, EFRAIN  
Address 10201 SW 125 STREET  
City-State-Zip: MIAMI FL 33176

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EFRAIN ARROYAVE

**MANAGER**

**04/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date