

2013 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 MMGR
Name CHILSON, LARRY
Address 14830 SW 167TH STREET
City-State-Zip: MIAMI FL 33187

Title MMGR
Name DEVELOPMED, LLC
Address 444 BRICKELL AVE
SUITE 51-121
City-State-Zip: MIAMI FL 33131

Title MGR
Name ARROYAVE, AARON J
Address 9965 SW 125 TERR
City-State-Zip: MIAMI FL 33176

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

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

Title MGR
Name ARROYAVE, EFRAIN
Address 9965 SW 125 TERR
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EFRAIN ARROYAVE

MGR

02/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date