

**2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EFRAIN ARROYAVE

MGR

02/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date