

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080243

**Entity Name:** CEPLAST MEDICAL DEVICES, LLC

**Current Principal Place of Business:**

201 S.BISCAYNE BOULEVARD, STE. 1200  
MIAMI, FL 33131

**Current Mailing Address:**

201 S.BISCAYNE BOULEVARD, STE. 1200  
MIAMI, FL 33131 US

**FEI Number:** 20-3309047

**Certificate of Status Desired:** Yes

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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 BARROS REIS, CARLOS CEZAR  
Address AV BORGES DE MEDEIROS N 3165  
STE 501 LAGOA  
City-State-Zip: RIO DE JANEIRO RJ 22470-001

Title MGRM  
Name DE OLIVEIRA REIS, TEREZA C  
Address AV BORGES DE MEDEIROS N 3165  
STE 501 LAGOA  
City-State-Zip: RIO DE JANEIRO RJ 22470-001

*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:** TEREZA C DE OLIVEIRA REIS

MGRM

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date