

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009672

Entity Name: ALEXA MEDICAL, LLC

Current Principal Place of Business:

5049 9TH STREET
ZEPHYRHILLS, FL 33542

Current Mailing Address:

5049 9TH STREET
ZEPHYRHILLS, FL 33542

FEI Number: 20-8335006

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, BROOKE H
4944 W SAN RAFAEL ST
TAMPA, FL 33629-5404 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 STINETTE, ALBERT
Address 5049 9TH STREET
City-State-Zip: ZEPHYRHILLS FL 33542

Title MGR
Name WILLIAMS, BROOKE H
Address 4944 W SAN RAFAEL ST
City-State-Zip: TAMPA FL 33629

Title MANAGER
Name SAGI, HENRY C
Address 5049 9TH STREET
City-State-Zip: ZEPHYRHILLS FL 33542

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: BROOKE WILLIAMS

AGENT

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date