

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035358

**Entity Name:** STARMEDIX LLC

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

201 S BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 33131

**FEI Number:** 45-1229129

**Certificate of Status Desired:** No

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

CAROTHERS, SCOTT  
10275 W SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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	Title	MGR
Name	CEYLAN, HUSNU	Name	PSALTAKIS, GABRIEL
Address	201 S BISCAYNE BLVD	Address	201 S BISCAYNE BLVD, 28TH FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	MGR	Title	MGR
Name	EFTHYMIADIS, CHRISTOFOROS	Name	KOSMIDIS, CHRISTOFOROS
Address	201 S BISCAYNE BLVD, 28TH FLOOR	Address	201 S BISCAYNE BLVD, 28TH FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI 33131

*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:** HUSNU CEYLAN

**MGR**

**06/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date