

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085023

**Entity Name:** ISLA-MED, LLC

**Current Principal Place of Business:**

8211 W. BROWARD BLVD  
SUITE 400  
PLANTATION, FL 33324

**Current Mailing Address:**

8211 W. BROWARD BLVD  
SUITE 400  
PLANTATION, FL 33324 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

QUANTUM CONSULTING SERVICES, INC  
1911 NW 150TH AVE.  
SUITE 102  
PEMBROKE PINES, FL 33028 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            MANAGING MEMBER  
Name            LYNCH, MICHAEL P  
Address        3023 SW 141ST TERRACE  
City-State-Zip: DAVIE FL 33330

Title            MANAGING MEMBER  
Name            ELLIOTT, WILLIAM MGR  
Address        8211 W. BROWARD BLVD  
                  SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title            MANAGING MEMBER  
Name            SCOGGIN, NATHAN  
Address        8211 W. BROWARD BLVD  
                  SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title            MANAGING MEMBER  
Name            SCHURR, STEPHEN  
Address        8211 W. BROWARD BLVD  
                  SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title            MANAGING MEMBER  
Name            TSCHAAR, GUS  
Address        8211 W. BROWARD BLVD  
                  SUITE 400  
City-State-Zip: PLANTATION FL 33324

*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:** MICHAEL P. LYNCH

**MANAGING MEMBER**

**05/01/2013**

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

\_\_\_\_\_  
Date