

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