

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027517

**Entity Name:** M.E.G. THERAPIES, LLC

**Current Principal Place of Business:**

600 NE 36TH ST.  
#1417  
MIAMI, FL 33137

**Current Mailing Address:**

600 NE 36TH ST.  
#1417  
MIAMI, FL 33137 US

**FEI Number:** 45-4667512

**Certificate of Status Desired:** No

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

BALKENBUSH, MEGAN  
600 NE 36TH ST.  
#1417  
MIAMI, FL 33137 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 BALKENBUSH, MEGAN  
Address 600 NE 36TH ST. #1417  
City-State-Zip: MIAMI FL 33137

*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:** MEGAN BALKENBUSH

**DIRECTOR**

**04/28/2013**

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

\_\_\_\_\_  
Date