

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000177928

Entity Name: TOMEUGENE, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD
SUITE 304
CORAL GABLES, FL 33134

Current Mailing Address:

2199 PONCE DE LEON BOULEVARD
SUITE 304
CORAL GABLES, FL 33134 US

FEI Number: 46-5651769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRINZMAN, ALAN E ESQ.
ASSOULINE & BERLOWE, P.A.
3250 MARY STREET, SUITE 100
MIAMI, FL 33133 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 ROTHE, EUGENIO M.D.
Address 2199 PONCE DE LEON BOULEVARD,
SUITE 304
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name BRUCE, THOMAS P PSY.D.
Address 2199 PONCE DE LEON BOULEVARD,
SUITE 304
City-State-Zip: CORAL GABLES FL 33134

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P BRUCE, PSY. D.

MANAGER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date