

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200005318

**Entity Name:** CWI MEDICAL, LLC

**Current Principal Place of Business:**

200 ALLEN BOULEVARD  
FARMINGDALE, NY 11735

**Current Mailing Address:**

200 ALLEN BOULEVARD  
FARMINGDALE, NY 11735

**FEI Number:** 20-3907537

**Certificate of Status Desired:** No

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

INCORPROATING SERVICES, INC.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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  
Name LAM, SHIRLEY  
Address 200 ALLEN BOULEVARD  
City-State-Zip: FARMINGDALE NY 11735

Title MGR  
Name LAM, NOAH  
Address 200 ALLEN BOULEVARD  
City-State-Zip: FARMINGDALE NY 11735

*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:** NOAH LAM

COO

05/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date