

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002985

Entity Name: PROTEUS MEDICAL L.L.C.

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3098 S OAKLAND FOREST DR  
1506  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N. FEDERAL HWY #466  
FT LAUDERDALE, FL 333081916

**New Mailing Address:**

FEI Number: 65-0985596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLS, TIMOTHY M  
3098 S OAKLAND FOREST DR  
1506  
FT LAUDERDALE, FL 33309 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLS, TIMOTHY M  
Address: 3098 S OAKLAND FOREST DR #1506  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information indicated on this 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.

SIGNATURE: TIM MILLS

PRES

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date