2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000010509

1. Entity Name
NEWMED TECHNOLOGIES, L.L.C.

Principal Place of Business	Mailing Address
12244 S.W. 130TH STREET MIAMI, FL 33186	12244 S.W. 130TH STREET MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1116920	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBER, PETER G ESQ.
9100 SOUTH DADELAND BLVD.
ONE DATRAN CENTER, SUITE 910
MIAMI, FL 33156

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 8, 2004

U000000171110
08/30/04--00004-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SCHOENING, RICARDO
STREET ADDRESS	12244 S.W. 130TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   8.26.04   305 969 4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #