2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90152 041 ****55.00

DOCUMENT # L02000020079

1. Entity Name
TECNOMEDICS, LLC

60004684

01052007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
17449 SW 22ND STREET MIRAMAR, FL 33029	17449 SW 22ND STREET MIRAMAR, FL 33029

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0642954 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, JOSE M 17449 SW 22ND STREET MIRAMAR, FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 name listing) DATE

Filing Fee Is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	GAKNERAS DE RODRIGUE, SANDRA ALICIA	NAME	GAKNERAS-RODRIGUEZ, SANDRA ALICIA
STREET ADDRESS	13021 NW 1 ST STREET, # 8-310	STREET ADDRESS	17449 SW 22nd STREET
CITY-ST-ZIP	MIRAMAR, FL 33028	CITY-ST-ZIP	MIRAMAR, FL, 33029
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	RODRIGUEZ, JOSE MANUEL	NAME	RODRIGUEZ CASADIEGO JOSE MANUEL
STREET ADDRESS	13021 NW 1 ST STREET, # 8-310	STREET ADDRESS	17449 SW 22nd STREET
CITY-ST-ZIP	MIRAMAR, FL 33028	CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Jan 14, 07 (786) 487 5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #