2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# L02000020079

Entity Name: TECNOMEDICS, LLC

Current Principal Place of Business:

17449 SW 22ND STREET
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

17449 SW 22ND STREET
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 02-0642954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, JOSE MANUEL
17449 SW 22ND STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

RODRIGUEZ, JOSE MANUEL MR.
17449 SW 22ND STREET
MIRAMAR, FL 33029 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: JOSE MANUEL RODRIGUEZ 02/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GAKNERAS-RODRIGUE, SANDRA A
Address: 17449 SW 22ND ST
City-St-Zip: MIRAMAR, FL 33029

Title: MGR ( ) Delete
Name: RODRIGUEZ, JOSE MANUEL
Address: 17449 SW 22ND ST
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GAKNERAS-RODRIGUE, SANDRA A MRS.
Address: 17449 SW 22ND ST
City-St-Zip: MIRAMAR, FL 33029

Title: MGR (X) Change ( ) Addition
Name: RODRIGUEZ, JOSE MANUEL MR.
Address: 17449 SW 22ND ST
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SANDRA GAKNERAS-RODRIGUEZ MGR 02/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date