

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011535

Entity Name: MGH MEDDESIGN, LC

FILED  
Feb 25, 2005  
Secretary of State

**Current Principal Place of Business:**

3773 MATHESON AVE.  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3773 MATHESON AVE.  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 91-2194980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MENEDIS, CHRISTINE  
3773 MATHESON AVE.  
COCONUT GROVE, FL 33133 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ-HERNANDEZ, EDUARDO  
Address: 3773 MATHESON AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MENEDIS, CHRISTINE  
Address: 3773 MATHESON AVE  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE MENEDIS

MGR

02/25/2005

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