2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L03000027300

Entity Name: INSUMED, LLC.

Current Principal Place of Business:

933 SAVANNAH FALLS DRIVE
WESTON, FL 33327

New Principal Place of Business:

2800 GLADES CIRC.
SUITE E-103
WESTON, FL 33327

Current Mailing Address:

933 SAVANNAH FALLS DRIVE
WESTON, FL 33327

New Mailing Address:

2800 GLADES CIRC.
SUITE E-103
WESTON, FL 33327

FEI Number: 20-0112074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ILEANA ARIAS TOVAR, ESQ.
1725 MAIN STREET, SUITE 209
WESTON, FL 33326 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: MGR ( ) Delete
Name: MUJICA, ELIAS R
Address: 933 SAVANNAH FALLS DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: CLEMENTE, MAICKEL J
Address: 933 SAVANNAH FALLS DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MUJICA, ELIDA
Address: 933 SAVANNAH FALLS DRIVE
City-St-Zip: WESTON, FL 33327

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: ELIAS MUJICA MGR 05/02/2007

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