

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043617

Entity Name: ML COMPUMEDIC LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

19 SE 1ST AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

19 SE 1ST AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-0378788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LLOMPART, LUIS JR
15352 SW 32ND TERR
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

MADRIGAL, FELIPE L
19 SE 1ST AVE
HIALEAH, FL 33010 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: FELIPE L MADRIGAL

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MADRIGAL, FELIPE L
Address: 19 SE 1ST AVE
City-St-Zip: HIALEAH, FL 33010

Title: MGR () Delete
Name: LLOMPART, LUIS JR
Address: 19 SE 1ST AVE
City-St-Zip: HIALEAH, FL 33010

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MURGUIA-MADRIGAL, C. JENNY
Address: 19 SE 1ST AVE
City-St-Zip: HIALEAH, FL 33010

Title: MGR () Change (X) Addition
Name: MADRIGAL-ALLEN, RENEE A
Address: 19 SE 1ST AVE
City-St-Zip: HIALEAH, FL 33010

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: FELIPE L MADRIGAL

MGR

01/10/2005

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