

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000174

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** IGLESIAS MEDICAL ENTERPRISES, LLC

**Current Principal Place of Business:**

5520 SW 8TH ST  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5520 SW 8TH ST  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-0689544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IGLESIAS, CARLOS  
5520 SW 8TH ST  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: IGLESIAS, CARLOS  
Address: 5520 SW 8 STREET  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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: IGLESIAS, CARLOS

MGRM

01/08/2008

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