

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004981

Entity Name: ALCA MEDICAL, LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

5979 NW 151 ST
STE 224
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE, STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-0616201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, FERNANDO
16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162 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: MATOS, MARCOS
Address: 5979 NW 151 ST, STE 224
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: APONTE, CARLOS
Address: 5979 NW 151 ST, STE 224
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCOS MATOS

MGR

04/21/2006

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