

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004981

Entity Name: ALCA MEDICAL, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

5979 NW 151 ST
STE 224
MIAMI LAKES, FL 33014

Current Mailing Address:

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

New Principal Place of Business:

8004 NW 154 ST
STE 249
MIAMI LAKES, FL 33016

New Mailing Address:

8004 NW 154 ST STE 249
MIAMI LAKES, FL 33016

FEI Number: 20-0616201 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:

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

Name and Address of New Registered Agent:

SILVA, FERNANDO
5220 S. UNIVERSITY DRIVE
STE C-102
DAVIE, FL 33328 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: FERNANDO SILVA

05/01/2007

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: MGR (X) Change () Addition
Name: MATOS, MARCOS
Address: 8004 NW 154 ST STE 249
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR (X) Change () Addition
Name: APONTE, CARLOS
Address: 8004 NW 154 ST STE 249
City-St-Zip: MIAMI LAKES, FL 33016

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: MARCOS MATOS

MGR

05/01/2007

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