

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005064

Entity Name: BSR MEDICAL LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5600 MANOR OAK AVE  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5600 MANOR OAK AVE  
HOLLYWOOD, FL 33312

**New Mailing Address:**

FEI Number: 45-0531979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSENBLAT, BOAZ  
5600 MANOR OAK AVE  
HOLLYWOOD, FL 33312 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  
Name: ROSENBLAT, BOAZ  
Address: 5600 MANOR OAK AVE  
City-St-Zip: HOLLYWOOD, FL 33312 US

I hereby 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: BOAZ ROSENBLAT

MGR

01/04/2012

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