

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054864

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** SERVICE & MEDICAL INTERNATIONAL, LLC

**Current Principal Place of Business:**

300 S. PINE ISLAND RD  
STE 209  
PLANTATION, FL 33324

**New Principal Place of Business:**

300 S. PINE ISLAND RD  
STE 209  
PLANTATION, FL 33324 US

**Current Mailing Address:**

5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328

**New Mailing Address:**

5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 US

**FEI Number:** 20-1416766      **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'S ENTERPRISE, INC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 US

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

SILVA'S FINANCIAL SERVICES, LLC  
5220 S UNIVERSITY DR  
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: MARTIN AZAMBUYA

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PEREZ, ALILENI  
Address: 300 S. PINE ISLAND RD, STE 209  
City-St-Zip: PLANTATION, FL 33324 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: ALILENI PEREZ

MGR

05/03/2010

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