

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085983

Entity Name: UNIMED U.S.A., LLC

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

999 PONCE DE LEON BLVD.  
SUITE 705  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE 705  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALCEDO, CONSUELO  
999 PONCE DE LEON BLVDD.  
SUITE 705  
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/MEMBERS:

Title: MGRM ( ) Delete  
Name: UNIMED CENTRO-OESTE, E TOCANTINS  
Address: EDIF. VENANCIO, 2000 BLOCO B-60 SALA 201  
City-St-Zip: BRASILIA , D.F. BRASIL, DF 70333-900 BR

Title: MGRM ( ) Delete  
Name: FERREIRA LIMA, REGINALDO  
Address: RUA DONA MARIA PAULA 123, 11TH ANDAR  
City-St-Zip: SAO PAULO, BRASIL, SP 01319-001 BR

Title: MGRM ( ) Delete  
Name: BANEGAS, ARI  
Address: 999 PONCE DE LEON BLVD., SUITE 705  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: ARI BANEGAS

MGRM

04/28/2005

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