

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085983

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

FILED
Feb 23, 2006
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: 20-2972079

FEI Number Applied For ()

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:

SALCEDO, CONSUELO CPA
999 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES, FL 33134 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: CONSUELO SALCEDO

02/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 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: ARI BANEGAS

MGR

02/23/2006

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