

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085983

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

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

7770 SW 104 ST
SUITE 209
PINECREST, FL 33156 US

New Mailing Address:

7770 SW 104 ST
SUITE 209
PINECREST, FL 33156 US

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

Name and Address of New Registered Agent:

BANEGAS, ARI
7770 SW 104 ST
SUITE 209
PINECREST, FL 33156 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: ARI BANEGAS

04/25/2007

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: MGRM (X) Change () Addition
Name: BANEGAS, ARI
Address: 7770 SW 104 ST., SUITE 209
City-St-Zip: PINECREST, FL 33156 US

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: ARI BANEGAS

MGRM

04/25/2007

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