2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085983

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

Address:

City-St-Zip:

PINECREST, FL 33156 US

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7770 SW 104 ST SUITE 209 PINECREST, FL 33156 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete UNIMED CENTRO-OESTE, E TOCANTINS Name: Name: Address: EDIF. VENANCIO, 2000 BLOCO B-60 SALA 201 Address: City-St-Zip: BRASILIA, D.F. BRASIL, DF 70333-900 BR City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FERREIRA LIMA, REGINALDO Name: Address: RUA DONA MARIA PAULA 123, 11TH ANDAR Address: SAO PAULO, BRASIL, SP 01319-001 BR City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BANEGAS, ARI Name: Name: 7770 SW 104 ST., SUITE 209

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.

Address:

City-St-Zip:

SIGNATURE: ARI BANEGAS **MGRM** 04/23/2008