

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085983

FILED  
Apr 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

7770 SW 104 ST  
SUITE 209  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

7770 SW 104 ST  
SUITE 209  
PINECREST, FL 33156 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:**

BANEGAS, ARI  
7770 SW 104 ST  
SUITE 209  
PINECREST, FL 33156 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/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: 7770 SW 104 ST., SUITE 209  
City-St-Zip: PINECREST, FL 33156 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 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

04/23/2008

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