

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020350

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** MEDICAL MANUFACTURER ASSOCIATES, LLC

**Current Principal Place of Business:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14101 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 20-2428269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABRERA, JULIO  
7600 W. 20TH AVENUE, STE. 213  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

GAIL, DONNA  
14101 COMMERCE WAY  
MIAMI LAKES, FL 33016 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:** DONNA GAIL

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** RODRIGUEZ, RAUL  
**Address:** 14101 COMMERCE WAY  
**City-St-Zip:** MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

**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:** RAUL RODRIGUEZ

MGRM

04/01/2008

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