

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065140

Entity Name: STAT HEALTH SCREENS, LLC

FILED
Apr 23, 2012
Secretary of State

Current Principal Place of Business:

848 BRICKELL AVE.
SUITE 750
MIAMI, FL 33131 US

Current Mailing Address:

848 BRICKELL AVE.
SUITE 750
MIAMI, FL 33131 US

New Principal Place of Business:

444 BRICKELL AVE.
SUITE 811
MIAMI, FL 33131 US

New Mailing Address:

444 BRICKELL AVE.
SUITE 811
MIAMI, FL 33131 US

FEI Number: 38-3724233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVELOPMED, LLC
801 BRICKELL AVE.,
SUITE 949
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DEVELOPMED, LLC
444 BRICKELL AVE
SUITE 811
MIAMI, FL 33131 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:

04/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MMGR
Name: CHILSON, LARRY
Address: 14830 SW 167TH STREET
City-St-Zip: MIAMI, FL 33187

Title: MMGR
Name: DEVELOPMED, LLC
Address: 444 BRICKELL AVE., SUITE 811
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: ARROYAVE, AARON J
Address: 900 BISCAYNE BLVD., #6009
City-St-Zip: MIAMI, FL 33132

Title: MMGR
Name: OKUBO, PETER CRNA
Address: 10851 SW 30TH PLACE
City-St-Zip: DAVIE, FL 33316

Title: MGR
Name: LEO, CALI V
Address: 900 BISCAYNE BLVD., #6009
City-St-Zip: MIAMI, FL 33132

Title: MGR
Name: ARROYAVE, EFRAIN
Address: 900 BISCAYNE BLVD., #6009
City-St-Zip: MIAMI, FL 33121

I hereby 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: EFRAIN ARROYAVE

MGR

04/23/2012

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