

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102150

Entity Name: RAMIREZ MEDICAL, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1200 PROVIDENCE BOULEVARD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PROVIDENCE BOULEVARD  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

RAMIREZ, MAURICE  
1200 PROVIDENCE BOULEVARD  
KISSIMMEE, FL 34744 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: RAMIREZ, MAURICE  
Address: 1200 PROVIDENCE BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM ( ) Delete  
Name: RAMIREZ, LAURA  
Address: 1200 PROVIDENCE BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

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: MAURICE RAMIREZ

MGRM

04/30/2009

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