

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031308

FILED
Jan 04, 2012
Secretary of State

Entity Name: SEBMED, L.L.C.

Current Principal Place of Business:

801 WELLNESS WAY
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

1265 36TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-8364466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, HAL W M.D.
1265 36TH STREET
VERO BEACH, FL 32960 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: MGR
Name: BROWN, HAL W M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: PRES
Name: ULRICH, GUY M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: VP
Name: BAKER, RICK M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: SAVER, DENNIS M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: ATAMER, EROL M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: SPLENDORIA, ARTHUR M.D.
Address: 1265 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

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: HAL BROWN

DR.

01/04/2012

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