

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033618

FILED
Apr 27, 2008
Secretary of State

Entity Name: STAT MEDICAL, LLC

Current Principal Place of Business:

800 EAST HALLANDALE BEACH BLVD.
SUITE 26
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

800 EAST HALLANDALE BEACH BLVD.
SUITE 26
HALLANDALE BEACH, FL 33009 US

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:

STACHEWITSCH, ANDRE
800 E. HALLANDALE BEACH BLVD
SUITE # 26
HALLANDALE BEACH, FL 33009 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: STACHEWITSCH, ANDRE
Address: 800 E. HALLANDALE BEACH BLVD., STE 26
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM () Delete
Name: FRIEDEWALD, DON E JR.
Address: 800 E. HALLANDALE BEACH BLVD., STE 26
City-St-Zip: HALLANDALE BEACH, FL 33009 US

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: DON E FRIEDEWALD JR

MGRM

04/27/2008

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