

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033618

Entity Name: STAT MEDICAL, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

3020 NE 32ND AVENUE
SUITE 326
FT. LAUDERDALE, FL 33308 US

Current Mailing Address:

3020 NE 32ND AVE, STE 326
FT LAUDERDALE, FL 33308

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:

STACHEWITSCH, ANDRE
3020 NE 32ND AVENUE
SUITE #326
FT. LAUDERDALE, FL 33308 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STACHEWITSCH, ANDRE
Address: 3020 NE 32ND AVE, STE 326
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: FRIEDEWALD, DON E JR.
Address: 3020 NE 32ND AVE, STE 326
City-St-Zip: FT LAUDERDALE, FL 33308 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

04/23/2009

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