

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033618

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** STAT MEDICAL, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

STACHEWITSCH, ANDRE  
3020 NE 32ND AVENUE  
SUITE #326  
FT. LAUDERDALE, FL 33308 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  
Name: STACHEWITSCH, ANDRE  
Address: 3020 NE 32ND AVE, STE 326  
City-St-Zip: FT LAUDERDALE, FL 33308 US

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

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: DON E FRIEDEWALD JR

MGRM

04/25/2011

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