

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052481

**FILED  
Apr 19, 2011  
Secretary of State**

**Entity Name:** SASSI MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1060 NE 209TH TERRACE  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1060 NE 209TH TERRACE  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 20-4962050      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JEAN-BAPTISTE, SARLETTE  
1060 NE 209TH TERRACE  
MIAMI, FL 33179 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:** JEAN-BAPTISTE, SARLETTE  
**Address:** 1060 NE 209TH TERRACE  
**City-St-Zip:** MIAMI, FL 33179

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: SARLETTE JEAN BAPTISTE      PRES      04/19/2011

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