

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058351

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** MEDIMAX, LLC

**Current Principal Place of Business:**

3100 W. 84TH ST. BAY 3  
HIALEAH, FL 330184902 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 W. 84TH ST. BAY 3  
HIALEAH, FL 330184902 US

**New Mailing Address:**

**FEI Number:** 20-5002990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, ISABEL  
3170 W 78TH ST  
HIALEAH, FL 33018 US

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

PORTAL, ORTELIO  
10945 W. OKEECHOBEE RD. # 201  
HIALEAH, FL 33018 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: ORTELIO PORTAL

03/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ, ISABEL  
Address: 3170 W 78TH ST  
City-St-Zip: HIALEAH, FL 33018 US

Title: MGRM (X) Delete  
Name: PORTAL, ORTELIO  
Address: 10945 W OKEECHOBEE RD  
City-St-Zip: HIALEAH, FL 33018 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PORTAL, ORTELIO  
Address: 10945 W. OKEECHOBEE RD. # 201  
City-St-Zip: HIALEAH, FL 33018 US

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: ORTELIO PORTAL

MGR

03/27/2008

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