

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070562

Entity Name: APPLIED MEDICALS LLC

FILED
Jun 28, 2007
Secretary of State

Current Principal Place of Business:

100 SOUTH POINTE DRIVE
SUITE 3102
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

100 SOUTH POINTE DRIVE
SUITE 3102
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 20-5302728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRANKEL, SOFIA
100 SOUTH POINTE DRIVE
SUITE 3102
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRANKEL, SOFIA
Address: 100 SOUTH POINTE DRIVE, SUITE 3102
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANKEL, SOFIA
Address: 100 SOUTH POINTE DRIVE, SUITE 3102
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Change (X) Addition
Name: ZAKHODIN, IGAL
Address: 100 SOUTH POINTE DR., SUITE 3102
City-St-Zip: MIAMI BEACH, FL 33139

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: SOFIA FRANKEL

MGRM

06/28/2007

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