

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070562

Entity Name: APPLIED MEDICALS LLC

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

2800 BISCAYNE BLVD  
SUITE 1000  
MIAMI, FL 33137 US

## Current Mailing Address:

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

## New Mailing Address:

2800 BISCAYNE BLVD  
SUITE 1000  
MIAMI, FL 33137 US

FEI Number: 20-5302728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

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

## 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: IGAL ZAKHODIN

MGR

01/17/2009

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