

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000070562

FILED
Aug 25, 2009
Secretary of State**Entity Name:** APPLIED MEDICALS LLC**Current Principal Place of Business:**2800 BISCAYNE BLVD
SUITE 1000
MIAMI, FL 33137 US**New Principal Place of Business:****Current Mailing Address:**2800 BISCAYNE BLVD
SUITE 1000
MIAMI, FL 33137 US**New Mailing Address:****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:**FRANKEL, SOFIA
50 SOUTH POINTE DR.
SUITE 1202/03
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: SOFIA FRANKEL

08/25/2009

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANKEL, SOFIA
Address: 50 SOUTH POINTE DRIVE, SUITE 1202/03
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR (X) Change () Addition
Name: ZAKHODIN, IGAL
Address: 2800 BISCAYNE BLVD. SUITE 1000
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Change (X) Addition
Name: FRANKEL, MICHAEL
Address: 160 WEST 66TH STR., APT. 16B
City-St-Zip: NEW YORK, NY 100023

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

08/25/2009

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