

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000083352

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** MIGRAM MEDICAL SERVICES LLC

**Current Principal Place of Business:**

1409 E 26TH AVE  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 76614  
TAMPA, FL 33675 US

**New Mailing Address:**

**FEI Number:** 20-5475927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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:** P  
**Name:** LOPEZ, RAMON  
**Address:** 1409 E 26TH AVE  
**City-St-Zip:** TAMPA, FL 33605

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:** RAMON LOPEZ

P

04/25/2011

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