


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90150 001 ***138.75

DOCUMENT # L07000024501		
1. Entity Name VICDANY MEDICAL PRODUCTS LLC		

Principal Place of Business 5201 BLUE LAGOON DR STE 835 MIAMI, FL 33126	Mailing Address 5201 BLUE LAGOON DR STE 835 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 5201 BWE LAGOON DR Suite, Apt. #, etc. #087 City & State MIAMI, FL Zip 33126 Country USA	3. Mailing Address 5201 BWE LAGOON DR Suite, Apt. #, etc. #087 City & State MIAMI, FL Zip 33126 Country USA
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03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8610718	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDOVAL, ALICIA 5201 BLUE LAGOON DR STE 835 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name: ALICIA SANDOVAL Street Address (P.O. Box Number is Not Acceptable) 5201 BWE LAGOON DR #087 City: MIAMI FL Zip Code: 33126
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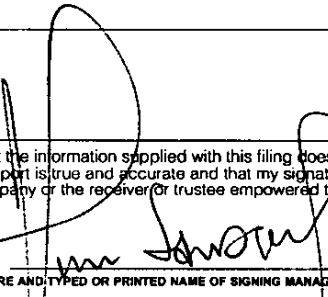
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER ALICIA SANDOVAL 5201 BWE LAGOON DR #087, MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	Date 03/31/08 (305) 6283108
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