2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036918

Entity Name: JSW MEDICAL AND EQUIPMENT CONSULTING, LLC

Feb 13, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3692B GRAND AVE 3692B GRAND AVE MIAMI, FL 33133

В

MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

1234 S DIXIE HWY

#324

CORAL GABLES, FL 33146 US

FEI Number: 20-8803878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAYMOND WEISBEIN C/O PMS 4 DOCS RAYMOND WEISBEIN C/O PMS 4 DOCS 3692B GRAND AVE 3692B GRAND AVE

MIAMI, FL 33133 MIAMI, FL 33133 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: 02/13/2012

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

WEISBEIN, SELMA Name: Address: 1234 S DIXIE HWY, #324 City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGRM

Name: SOICHER, ERVINO Address: 440 COSTANERA RD

City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM

WEISBEIN, JACQUELINE Name: Address: 440 COSTANERA RD City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR

Name: WEISBEIN, RAYMOND Address: 440 COSTANERA RD CORAL GABLES, FL 33143 US City-St-Zip:

Title: MGRM

MESA, ALFREDO Name: 1234 S DIXIE HWY, #324 Address: CORAL GABLES, FL 33146 US City-St-Zip:

Title:

WEISBEIN, MICHAEL M.D. Name: Address: 1234 S DIXIE HWY, #324 CORAL GABLES, FL 33146 US City-St-Zip:

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 Statues.

SIGNATURE: RAYMOND WEISBEIN **MGR** 02/13/2012

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