

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041350

Entity Name: MEDICAL 2M LC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

6720 NW 72ND AVENUE
MAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 523223
MAMI, FL 33152 US

New Mailing Address:

6720 NW 72ND AVENUE
MAMI, FL 33166 US

FEI Number: 20-8858866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAZUR, RICARDO M
915 N W 1STR AVENUE
H711
MIAMI, FL 33136 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: MGR () Delete
Name: MAZUR, RICARDO M
Address: 915 NW 1ST AVENUE H711
City-St-Zip: MIAMI, FL 33136 US

Title: MGR () Delete
Name: MONTERO, GUSTAVO D
Address: 915 NW 1ST AVENUE H711
City-St-Zip: MIAMI, FL 33136 US

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: RM

MGR

04/28/2009

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