

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000056525

FILED
Aug 25, 2009
Secretary of State**Entity Name:** CONEL MEDICAL LLC**Current Principal Place of Business:**10214 SW 58 ST.
COOPER CITY, FL 33328 US**New Principal Place of Business:****Current Mailing Address:**10214 SW 58 ST.
COOPER CITY, FL 33328 US**New Mailing Address:****FEI Number:** 14-1999974 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RODRIGUEZ, JUAN
10214 SW 58 ST.
COOPER CITY, FL 33328 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:** MGRM () Delete
Name: RODRIGUEZ, JUAN
Address: 10214 SW 58 ST.
City-St-Zip: COOPER CITY, FL 33328 US**Title:** MGRM (X) Delete
Name: RODRIGUEZ, JUAN
Address: 10214 SW 58 ST.
City-St-Zip: COOPER CITY, FL 33328 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: RODRIGUEZ, JOSAFAT
Address: 10214 SW 58 ST
City-St-Zip: COOPER CITY, FL 33328 US**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: JOSAFAT RODRIGUEZ

MGR

08/25/2009

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