

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072056

Entity Name: MEDAMAX, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

12000 BISCAYNE BLVD  
601  
NORTH MIAMI, FL 33181 US

## New Principal Place of Business:

270 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

12000 BISCAYNE BLVD  
601  
NORTH MIAMI, FL 33181 US

## New Mailing Address:

270 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33139 US

FEI Number: 26-0509185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FL 33139 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: DORNE, ALAN  
Address: 12000 BISCAYNE BLVD, SUITE 601  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM ( ) Delete  
Name: TARACIDO, MANUEL  
Address: 12000 BISCAYNE BLVD, SUITE 601  
City-St-Zip: NORTH MIAMI, FL 33181 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DORNE, ALAN  
Address: 407 LINCOLN ROAD PH-SE  
City-St-Zip: MIAMI BEACH, FL 33139 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: MANUEL TARACIDO

MGRM

04/30/2009

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