

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072056

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** MEDAMAX, LLC

**Current Principal Place of Business:**

270 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

270 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**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  
**Name:** DORNE, ALAN  
**Address:** 407 LINCOLN ROAD PH-SE  
**City-St-Zip:** MIAMI BEACH, FL 33139 US

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

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 Statutes.

**SIGNATURE:** ALAN DORNE

MGRM

08/31/2010

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