

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000077210

Entity Name: DIVALD MEDICAL, LLC

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8215 BLAIE COURT  
UNIT 113  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

8215 BLAIE COURT  
UNIT 113  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 26-0599087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIVALD, YARON  
8215 BLAIE DRIVE  
UNIT 113  
SARASOTA, FL 34240 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: DIVALD, YARON  
Address: 8215 BLAIE COURT UNIT 113  
City-St-Zip: SARASOTA, FL 34240 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: YARON DEVALD

MGR

03/22/2012

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