

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082208

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: ANTON MEDICAL DEVICES LLC

## Current Principal Place of Business:

10783 NW 58 STREET  
MIAMI, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

10922 NW 70 STREET  
MIAMI, FL 33178 US

## New Mailing Address:

FEI Number: 26-0702199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARAMILLO, SEBASTIAN  
66 W. FLAGLER STREET  
SUITE 500  
MIAMI, FL 33130 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: MARTIN, JOSE M  
Address: 10922 NW 70 STREET  
City-St-Zip: MIAMI, FL 33178 US

Title: MGR ( ) Delete  
Name: NOVOA, ALEJANDRO  
Address: 10922 NW 70 ST  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: CLINICA AMAY, C.A.,  
Address: AV. BERRIZBEITLA, CRUCE CON AV. E EL PINAR  
City-St-Zip: EL PARAISO, CARACAS VENEZUEL, XX

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALEJANDRO NOVOA

MGR

03/17/2009

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