2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90173 044 ***143.75

DOCUMENT # L07000087942

1. Entity Name
ELYSIUM MEDICAL SYSTEMS, LLC

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR. SUITE 503 MIAMI, FL 33131 US	501 BRICKELL KEY DR. SUITE 503 MIAMI, FL 33131 US

600025330

04112008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3611 OAKS CLUBHOUSE DR	3611 OAKS CLUB HOUSE DR
Suite, Apt. #, etc.: BLDNG 73, APT. # 204	Suite, Apt. #, etc.: BLDNG 73, APT. # 204
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33069 Country: US	Zip: 33069 Country: US

4. FEI Number: 26-0799222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUCCI, PATRICIA
501 BRICKELL KEY DR.
SUITE 503
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 3611 OAKS CLUBHOUSE DR
BLDNG 73, APT. # 204
City: POMPANO BEACH **FL** Zip Code: 33069

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 04/14/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OBERTI, IVANIA 501 BRICKELL KEY DR. SUITE 503 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OBERTI, IVANIA 3611 OAKS CLUBHOUSE DR. APT. # 204 POMPANO BEACH, FL 33069. US	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OBERTI, OSCAR AV ESTE 1, RES. LA VISTA, LOS NARANJOS CARACAS, DF 1061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NARANJOS, CARMEN AV ESTE 1, RES. LA VISTA, LOS NARANJOS CARACAS, DF 1061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 04/14/2008 (954) 249-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #