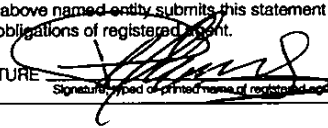
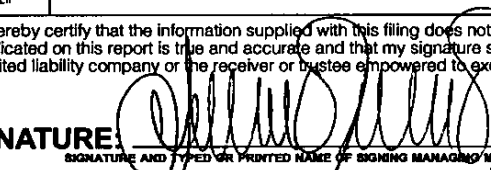


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 501 BRICKELL KEY DR. SUITE 503 MIAMI, FL 33131 US			Mailing Address 501 BRICKELL KEY DR. SUITE 503 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 3611 OAKS CLUBHOUSE DR		3. Mailing Address 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		4. FEI Number 26-0799222	
Zip 33069		Country US		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  DATE 04/14/2008 (NOTE: Registered Agent signature required when rehashing)					
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, OSCAR AV ESTE 1, RES. LA VISTA, LOS NARANJOS CARACAS, DF 1061	☐ Delete			
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	MGRM OBERTI, OSCAR AV ESTE 1, RES. LA VISTA, LOS NARANJOS CARACAS, DF 1061	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBERTI, OSCAR AV ESTE 1, RES. LA VISTA, LOS NARANJOS CARACAS, DF 1061	☐ Delete			
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 				DATE 04/14/2008 (954) 249-4845	