

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087942

FILED
Feb 28, 2009
Secretary of State

Entity Name: ELYSIUM MEDICAL SYSTEMS, LLC

Current Principal Place of Business:

3611 OAKS CLUBHOUSE DR
BLDNG 73 APT #204
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

3611 OAKS CLUBHOUSE DR
BLDNG 73 APT #204
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 26-0799222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCUCCI, PATRICIA
3611 OAKS CLUBHOUSE DR
BLDNG 73 APT 204
POMPANO BEACH, FL 33069 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 () Delete
Name: OBERTI, IVANIA
Address: 3611 OAKS CLUBHOUSE DR APT 204
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM () Delete
Name: OBERTI, OSCAR
Address: AV ESTE 1, RES. LA VISTA, LOS NARANJOS
City-St-Zip: CARACAS, DF 1061 VZ

Title: MGRM () Delete
Name: NARANJOS, CARMEN
Address: AV ESTE 1, RES. LA VISTA, LOS NARANJOS
City-St-Zip: CARACAS, DF 1061 VZ

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: IVANIA OBERTI

MGRM

02/28/2009

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