

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090428

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** SAVIN MEDICAL GROUP, LLC.

**Current Principal Place of Business:**

1490 WEST 49TH PL  
SUITE # 340  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

1490 WEST 49TH PL  
SUITE # 340  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 26-0838072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VICTORIA, YANLY B  
1490 WEST 49TH PL  
340  
HIALEAH, FL 33012 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:** VICTORIA, YANLY B  
**Address:** 1490 WEST 49TH PL # 340  
**City-St-Zip:** HIALEAH, FL 33012 US

**Title:** MGR  
**Name:** AGUILAR, CARLOS E  
**Address:** 12830 NW 6TH LN  
**City-St-Zip:** MIAMI, FL 33182

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:** YANLY B VICTORIA

MGRM

02/20/2012

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