

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092359

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** CLINITEK MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

2828 NW 72 AVE  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2828 NW 72 AVENUE  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 14-2008686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZUNIGA, FELIX M  
2828 NW 72 AVE.  
MIAMI, FL 33122 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: PRES  
Name: ZUNIGA, FELIX M  
Address: 10150 SW 102 STREET  
City-St-Zip: MIAMI, FL 33176

Title: COO  
Name: APPELL, ARNIE  
Address: 10131 SW 118TH COURT  
City-St-Zip: MIAMI, FL 33186

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: FELIX M. ZUNIGA

P

04/13/2011

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