

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103521

Entity Name: MEDISCEND LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10211 PINES BLVD.  
SUITE 117  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

10211 PINES BLVD.  
SUITE 117  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 83-0500670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEGURA, NINA E  
10627 NW 7TH STREET  
PEMBROKE PINES, FL 33026 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: SEGURA, NINA  
Address: 10627 NW 7TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: NINA SEGURA

MGRM

01/04/2011

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