2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114076

Entity Name: NUSPA MEDICAL, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
925 NORTHEAST 30TH TERRACE 316 AND 318 HOMESTEAD, FL 33033 US	

Current Mailing Address:	**New Mailing Address:**
888 BRICKELL KEY DRIVE SUITE 2012 MIAMI, FL 33131 US	

FEI Number: 26-2334160   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RAFOLS, FRANCISCO J 888 BRICKELL KEY DR SUITE 2012 MIAMI, FL 33131 US	LOPEZ-LUCIANO, LUISA M 888 BRICKELL KEY DR SUITE 2012 MIAMI, FL 33131 US

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: LUISA M LOPEZ-LUCIANO   04/30/2009

_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	RAFOLS, FRANCISCO J M.D.		Name:	LOPEZ-LUCIANO, LUISA M M.D.
Address:	888 BRICKELL KEY DRIVE, SUITE 2012		Address:	888 BRICKELL KEY DRIVE, SUITE 2012
City-St-Zip:	MIAMI, FL 33131 US		City-St-Zip:	MIAMI, FL 33131 US
Title:	MGRM (X) Delete		Title:	( ) Change ( ) Addition
Name:	LOPEZ-LUCIANO, LUISA M M.D.		Name:	
Address:	888 BRICKELL KEY DRIVE, SUITE 2012		Address:	
City-St-Zip:	MIAMI, FL 33131 US		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: LUISA LOPEZ-LUCIANO   MGR   04/30/2009

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