2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L07000126797

Entity Name: SLAVMED, LLC

Current Principal Place of Business:

69 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX: 731311
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 26-2483132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YERAKHAVETS, MILLA
69 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 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: YERAKHAVETS, MILLA
Address: 69 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: HANDEL, ASYA
Address: 24 CROOKED TREE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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 Statues.

SIGNATURE: ASYA HANDEL MGRM 04/29/2011

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