

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024054

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** WATERMARK MEDICAL, LLC

**Current Principal Place of Business:**

1750 CLINT MOORE RD, STE 101  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 CLINT MOORE RD, STE 101  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 26-2114817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZISKA, MAURA A ESQ.  
KOCHMAN & ZISKA PLC  
222 LAKEVIEW AVENUE, SUITE 950  
WEST PALM BEACH, FL 33401 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:** HEYNIGER, SEAN  
**Address:** 1750 CLINT MOORE ROAD STE 101  
**City-St-Zip:** BOCA RATON, FL 33487 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:** SEAN HEYNIGER

MGRM

03/17/2010

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