

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046158

FILED
Apr 20, 2009
Secretary of State

Entity Name: LATMEDICAL, LLC

Current Principal Place of Business:

3205 USHANT COURT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3205 USHANT COURT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-2649140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHERMER, STEVEN J
2800 PONCE DE LEON BLVD., SUITE 1125
CORAL GABLES, FL 33134 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GONZALEZ, GUILLERMO E MR.
Address: 3205 USHANT COURT
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Change (X) Addition
Name: ANGELI, JUAN A MR.
Address: 3205 USHANT COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Change (X) Addition
Name: BUENO, ELENA MRS.
Address: 3205 USHANT COURT
City-St-Zip: WELLINGTON, FL 33414

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: GUILLERMO E. GONZALEZ

MGR

04/20/2009

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