

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053005

**FILED  
Jan 04, 2012  
Secretary of State**

**Entity Name:** ADELAMED, LLC

**Current Principal Place of Business:**

925 NE 30 TERRACE, STE 202  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

20043 SW 103RD AVE  
CUTLER BAY, FL 33189

**New Mailing Address:**

**FEI Number:** 26-2773479      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

VAZQUEZ, NIVIA E M.D.  
925 NE 30 TERRACE, STE 202  
HOMESTEAD, FL 33033    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:** VAZQUEZ, NIVIA E M.D.  
**Address:** 925 NE 30 TERRACE, STE 202  
**City-St-Zip:** HOMESTEAD, FL 33033

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: NIVIA E. VAZQUEZ, M.D.      RA      01/04/2012

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