

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065009

Entity Name: DISA MEDICAL, LLC

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5590 LAKESIDE DR  
105  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

5590 LAKESIDE DR  
105  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 26-2918526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BEDOYA, PAULA A  
5590 LAKESIDE DR  
105  
MARGATE, FL 33063 US

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

MENDEZ, JOSE G  
5590 LAKESIDE DR  
105  
MARGATE, FL 33063 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: JOSE MENDEZ

03/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: T  
Name: BEDOYA, PAULA A  
Address: 5590 LAKESIDE DR 105  
City-St-Zip: MARGATE, FL 33063 US

Title: P  
Name: MENDEZDELEON, JOSE G P  
Address: 5590 LAKESIDE DR 105  
City-St-Zip: MARGATE, FL 33063 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: JOSE MENDEZ

P

03/08/2010

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