

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076743

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** MEDI-SLIM, PL

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 850  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4302 ALTON ROAD  
SUITE 850  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 26-3171996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF FRYE & ASSOCIATES, PL  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 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:** BLOOM, MICHAEL  
**Address:** 4302 ALTON ROAD SUITE 850  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** MGRM  
**Name:** BASSAN, ISAAC  
**Address:** 4302 ALTON ROAD SUITE 850  
**City-St-Zip:** MIAMI BEACH, FL 33140

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:** MICHAEL BLOOM

MGRM

03/28/2012

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