

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000079548

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** HERO MEDICAL LLC

**Current Principal Place of Business:**

656 NW 129TH WAY  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

656 NW 129TH WAY  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 26-3196953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MONTELONGO, RICARDO SR.  
656 NW 129TH WAY  
PEMBROKE PINES, FL 33028 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:** MONTELONGO, RICARDO SR.  
**Address:** 656 NW 129TH WAY  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** MGRM  
**Name:** ROBERT, SIDBECK  
**Address:** 10507 NW 3RD STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33026 US

**Title:** MGRM  
**Name:** CAGLE, CHARLES  
**Address:** 2442 NE 25TH STREET  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

**Title:** MGRM  
**Name:** ECHEVERRI, JESSICA  
**Address:** 4005 SW 54TH COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33314

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:** RICARDO MONTELONGO

MGRM

01/21/2010

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