

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000091153

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

**Entity Name:** STAT BIO-MED, LLC

**Current Principal Place of Business:**

2061 N.W. BOCA RATON BLVD  
106  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2061 N.W. BOCA RATON BLVD  
106  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-2994388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZONA, ROGER A VPD  
2061 N.W. BOCA RATON BLVD  
106  
BOCA RATON, FL 33431 US

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

SCHILLING, DEBRA GM  
2061 N.W. BOCA RATON BLVD  
106  
BOCA RATON, FL 33431 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: DEBRA SCHILLING

11/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: RANEY, DEBORAH PD  
Address: 2061 N.W. BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: GM  
Name: SCHILLING, DEBRA GM  
Address: 2061 N.W. BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

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: DEBORAH RANEY

PRES

11/01/2010

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