

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006072

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** ECLIPSE MEDICAL DIAGNOSTICS LLC

**Current Principal Place of Business:**

429 LENOX AVE.  
STE. 4C20  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

429 LENOX AVE.  
STE. 4C20  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 26-4081499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SER, LILLIAN A ESQ.  
366 N.E. 99TH STREET  
MIAMI SHORES, FL 33138 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:** TRETO, MARIO P  
**Address:** 5110 SW 92ND AVE.  
**City-St-Zip:** MIAMI, FL 33165

**Title:** MGRM  
**Name:** KRAWITZ, MICHAEL  
**Address:** 429 LENOX AVE., STE. 4C20  
**City-St-Zip:** MIAMI BEACH, FL 33139

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 KRAWITZ

MGRM

01/11/2010

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