

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006072

FILED
Apr 24, 2011
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: 1688 MERIDIAN AVE. STE 301
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

04/24/2011

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