

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008169

Entity Name: MEDTRIARCH, LLC

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

## **Current Principal Place of Business:**

901 BRICKELL KEY BLVD.  
#1404  
MIAMI, FL 33131

## **New Principal Place of Business:**

801 BRICKELL AVE.  
SUITE 949  
MIAMI, FL 33131

## **Current Mailing Address:**

901 BRICKELL KEY BLVD.  
#1404  
MIAMI, FL 33131

## **New Mailing Address:**

801 BRICKELL AVE.  
SUITE 949  
MIAMI, FL 33131

FEI Number: 26-4128224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEARR, CRAIG JD  
9100 SOUTH DADLENAD BLVD.  
PH 1, SUITE 1701  
MIAMI, FL 33156 US

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

DEVELOPMED, LLC  
801 BRICKELL AVE.  
9TH FLOOR  
MIAMI, FL 33131 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: CALI ARROYAVE

04/01/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STAT HEALTH SCREENS, LLC  
Address: 801 BRICKELL AVE., SUITE 949  
City-St-Zip: MIAMI, FL 33156

Title: MGRM  
Name: DEVELOPMED, LLC  
Address: 801 BRICKELL AVE., 9TH FLOOR  
City-St-Zip: MIAMI, FL 33131

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: CALI ARROYAVE

MMGR

04/01/2010

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