

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028358

Entity Name: SCAPS MEDICAL, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

649 US HIGHWAY ONE  
SUITE 2  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

649 US HIGHWAY ONE  
SUITE 2  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 26-4649186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DELTOR, DOMINIQUE  
13527 49TH STREET N  
W PALM BEACH, FL 33411 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: MGR  
Name: DELTOR, PIERRE  
Address: 13527 49TH STREET N  
City-St-Zip: W PALM BEACH, FL 33411 US

Title: MGR  
Name: DELTOR, DOMINIQUE C  
Address: 13527 49TH STREET N  
City-St-Zip: W PALM BEACH, FL 33411 US

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: PIERRE DELTOR

MGR

02/16/2011

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