

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000028358

Entity Name: SCAPS MEDICAL, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE  
SUITE 110  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 EXECUTIVE CENTER DRIVE  
SUITE 110  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 26-4649186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

HECTOR, JULIE-ALEXIS  
1260 SOUTH FEDERAL HIGH WAY  
SUITE 202  
BOYNTON BEACH, FL 33435 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: JULIE-ALEXIS HECTOR

04/19/2012

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

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

04/19/2012

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