

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029412

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** P.I.M.D. INTERNATIONAL, LLC

**Current Principal Place of Business:**

7512 HISPANIOLA AVE.  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**Current Mailing Address:**

7512 HISPANIOLA AVE.  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**FEI Number:** 26-4838966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOGUERA, CARLOS MD  
7512 HISPANIOLA AVE.  
NORTH BAY VILLAGE, FL 33141 US

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

NOGUERA, CARLOS MD  
7512 HISPANIOLA AVE.  
NORTH BAY VILLAGE, FL 33141 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: \_\_\_\_\_

02/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NOGUERA, CARLOS MD  
Address: 7512 HISPANIOLA AVE.  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM  
Name: GONZALEZ, VANESSA PHARMD  
Address: 1493 SW 154TH PATH  
City-St-Zip: MIAMI, FL 33194

Title: MGRM  
Name: NOGUERA, DULCE  
Address: 7512 HISPANIOLA AVE.  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM  
Name: GONZALEZ, RIGOBERTO MD  
Address: 1493 SW 154TH PATH  
City-St-Zip: MIAMI, FL 33194

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: VANESSA GONZALEZ

MGRM

02/11/2011

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