

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035398

Entity Name: HENELL MED, LLC

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

770 CLAUGHTON ISLAND DRIVE, PH-10  
MIAMI, FL 33131

**New Principal Place of Business:**

14050 SW 84 ST  
SUITE 201  
MIAMI, FL 33183

**Current Mailing Address:**

770 CLAUGHTON ISLAND DRIVE, PH-10  
MIAMI, FL 33131

**New Mailing Address:**

14050 SW 84 ST  
SUITE 201  
MIAMI, FL 33183

FEI Number: 26-4682870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

CASE PROFESSIONAL SERVICES  
14050 SW 84 ST  
201  
MIAMI, FL 33183 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: JOHENELL ALVAREZ

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRITO, JOHENELL  
Address: 14050 SW 84 ST SUITE 201  
City-St-Zip: MIAMI, FL 33183

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: JOHENELL ALVAREZ

MGR

04/07/2010

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