

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035776

Entity Name: ANANDA MEDICAL, LLC

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5620 N.W. 113 PLACE  
DORAL, FL 33178

**New Principal Place of Business:**

11256 NW 42 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

5620 N.W. 113 PLACE  
DORAL, FL 33178

**New Mailing Address:**

11256 NW 42 TERRACE  
DORAL, FL 33178

FEI Number: 27-0455096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RIERA, BRESSNEUHA  
5620 N.W. 113 PLACE  
DORAL, FL 33178    US

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

RIERA, BRESSNEUHA  
11256 NW 42 TERRACE  
DORAL, FL 33178    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: RIERA, BRESSNEUHA

05/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OCANDO, OSVIL  
Address: 11256 NW 42 TERRACE  
City-St-Zip: DORAL, FL 33178

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: OCANDO, OSVIL

MGRM

05/12/2010

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