

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056240

Entity Name: DRM MED ASSIST, LLC

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2521 METROCENTRE BLVD  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2521 METROCENTRE BLVD  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 80-0424229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEWART H. LAPAYOWKER, P.A.  
5360 NW 20TH TERRACE SUITE 205  
FT. LAUDERDALE, FL 33309 US

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

MARRERO, JOSE EA  
950 S. PINE ISLAND ROAD  
SUITE A-150  
PLANTATION, FL 33324 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: JOSE MARRERO

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MELGEN, SALOMON  
Address: 2521 METROCENTRE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: MELGEN, SALOMON  
Address: 2521 METROCENTRE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407 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: SALOMON MELGEN

MGR

02/23/2010

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