

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073591

Entity Name: LAMBDA MEDICA, LLC

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

**Current Principal Place of Business:**

545 VALENCIA PLACE CIRCLE  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

545 VALENCIA PLACE CIRCLE  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 27-0663657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COTTO, ELSA  
Address: CARRETRA #172, RAMAL 785, SECTOR HORMIGAS  
City-St-Zip: GAGUAS, PR 00725 PR

Title: MGRM  
Name: SANTIAGO, DAVID  
Address: URB. OASIS GARDENS, J 6 ARGENTINA ST.  
City-St-Zip: GUAYNABO, PR 00969 PR

Title: MGRM  
Name: AYALA, JOSE L  
Address: 545 VALENCIA PLACE CIRCLE  
City-St-Zip: ORLANDO, FL 32825 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: JAYALA

MGM

04/23/2010

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