

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088054

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL WASTE SERVICES, LLC

**Current Principal Place of Business:**

3250 NW 23RD AVE., SUITE 400  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

3250 NW 23RD AVE.,  
SUITE 400  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

19035 SKYRIDGE CIRCLE  
BOCA RATON, FL 33498

**New Mailing Address:**

3250 NW 23RD AVE.,  
SUITE 400  
POMPANO BEACH, FL 33069

**FEI Number:** 80-0479350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLOOM, ANDREW  
3250 NW 23RD AVE., SUITE 400  
POMPANO BEACH, FL 33069 US

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

BLOOM, ANDREW  
3250 NW 23RD AVE.,  
SUITE 400  
POMPANO BEACH, FL 33069 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:**

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BLOOM, ANDREW  
**Address:** 3250 NW 23RD AVE  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** MGR  
**Name:** BLOOM, JONATHAN  
**Address:** 73 WINDSOR DRIVE  
**City-St-Zip:** PINEBROOK, NJ 07058

**Title:** MGRM  
**Name:** DANISI, PHILIP  
**Address:** 172 WINDWATCH  
**City-St-Zip:** HAPPAUGH, NY 11788

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:** ANDREW BLOOM,

PRES

01/08/2010

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