

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122902

Entity Name: MEDICAL DIRECT USA, LLC

FILED  
Jan 18, 2011  
Secretary of State

**Current Principal Place of Business:**

4901 NW 17TH WAY, SUITE 403  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

4700 NORTHWEST 7TH STREET, SUITE 2  
MIAMI, FL 33126

**Current Mailing Address:**

4901 NW 17TH WAY, SUITE 403  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

4700 NORTHWEST 7TH STREET, SUITE 2  
MIAMI, FL 33126

FEI Number: 27-1589340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOUTMAN, ADAM  
4901 NW 17TH WAY SUITE 403  
FT LAUDERDALE, FL 33309 US

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

HOUTMAN, ADAM  
4700 NORTHWEST 7TH STREET, SUITE 2  
MIAMI, FL 33126 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:

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

01/18/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOUTMAN, ADAM  
Address: 4700 NORTHWEST 7TH STREET, SUITE 2  
City-St-Zip: MIAMI, FL 33126 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: ADAM HOUTMAN

CEO

01/18/2011

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