

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000000176

Entity Name: SENSUS HEALTHCARE LLC

FILED
Jan 27, 2011
Secretary of State

Current Principal Place of Business:

18659 OCEAN MIST DR.
BOCA RATON, FL 33498 US

New Principal Place of Business:

851 BROKEN SOUND PKWY NW
#215
BOCA RATON, FL 33487 US

Current Mailing Address:

18659 OCEAN MIST DR.
BOCA RATON, FL 33498 US

New Mailing Address:

851 BROKEN SOUND PKWY NW
#215
BOCA RATON, FL 33487 US

FEI Number: 27-1647271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

ARNOLD, STEPHEN G CPA
851 BROKEN SOUND PKWY NW
#215
BOCA RATON, FL 33487 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: STEPHEN G ARNOLD

01/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SARDANO, JOSEPH C
Address: 7210 FRANCISO BEND DR
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MGR
Name: FISHMAN, KALMAN
Address: 18659 OCEAN MIST DR
City-St-Zip: BOCA RATON, FL 33498

Title: MGR
Name: COHEN, STEPHEN B
Address: 7611 SARATOGA LN
City-St-Zip: PARKLAND, FL 33067

Title: MGR
Name: GOLIN, RICHARD E
Address: 50 HEMLOCK DR
City-St-Zip: NEW HARTFORD, CT 06057

Title: CRO
Name: ARNOLD, STEPHEN G
Address: 6341 NW 58TH WAY
City-St-Zip: PARKLAND, FL 33067

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: STEPHEN G ARNOLD

CFO

01/27/2011

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