

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012164

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL CONSULTING MEDICAL GROUP, LLC

**Current Principal Place of Business:**

18831 W. OAKMONT DRIVE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18831 W. OAKMONT DRIVE  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 80-0518932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEDD, LAULDI  
3114 COMMERCE PARKWAY  
MIRAMAR, FL 33025 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:** NEDD, KESTER J  
**Address:** 18831 W. OAKMONT DRIVE  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGRM  
**Name:** NEDD, LAULDI A  
**Address:** 18831 W. OAKMONT DRIVE  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGRM  
**Name:** NARVAEZ, FRANSUAS  
**Address:** 1450 BRICKELL BAY DRIVE  
**City-St-Zip:** MIAMI, FL 33131

**Title:** MGRM  
**Name:** NEDD, KESAN  
**Address:** 18831 W. OAKMONT DRIVE  
**City-St-Zip:** MIAMI, FL 33015

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:** LAULDI NEDD

MGRM

04/30/2012

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