

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050835

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** MEDICA INSTRUMENTOS, LLC

**Current Principal Place of Business:**

14530 SW 145 PL  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

10305 NW 41 ST  
# 215  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 27-2569048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIZCARRONDO, JOSE  
10305 NW 41 ST  
215  
DORAL FL, FL 33178 US

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

VIZCARRONDO, JOSE  
10305 NW 41 ST  
215  
DORAL, FL 33178 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:** JOSE VIZCARRONDO

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DOMMAR, CARLOS E  
**Address:** 14530 SW 145 PL  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGRM  
**Name:** GONZALEZ, LUISA J  
**Address:** 14530 SW 145 PL  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGR  
**Name:** VIZCARRONDO, JOSE  
**Address:** 10305 NW 41 ST # 215  
**City-St-Zip:** DORAL, FL 33178

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:** JOSE VIZCARRONDO

MGR

01/06/2011

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