

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050835

**FILED**  
**Mar 10, 2012**  
**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 (X)**

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

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

MGRM

03/10/2012

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