

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058949

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** MD- MEDICAL DEVICE, LLC

**Current Principal Place of Business:**

301 NW 36 STREET  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 NW 36 STREET  
MIAMI, FL 33127 US

**New Mailing Address:**

**FEI Number:** 27-3004565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAPIRO, CRAIG B ESQ.  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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

DELLUTRI, MARIA ELENA  
301 NW 36 STREET  
MIAMI, FL 33127 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:** MARIA ELENA DELLUTRI

01/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DELLUTRI, SALVATORE  
**Address:** 301 NW 36 STREET  
**City-St-Zip:** MIAMI, FL 33127

**Title:** MGR  
**Name:** DELLUTRI, MARIA ELENA  
**Address:** 301 NW 36 STREET  
**City-St-Zip:** MIAMI, FL 33127 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:** MARIA ELENA DELLUTRI

MGR

01/11/2012

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