

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076641

Entity Name: Z-STAT MEDICAL LLC

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2549 SWEETGUM WAY WEST  
CLEARWATER, FL 33761

**New Principal Place of Business:**

13978 HILLSBOROUGH AVE  
TAMPA, FL 33635

**Current Mailing Address:**

2549 SWEETGUM WAY WEST  
CLEARWATER, FL 33761

**New Mailing Address:**

13978 HILLSBOROUGH AVE  
TAMPA, FL 33635

FEI Number: 27-3090127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DEWOLF, MARSHALL  
2549 SWEETGUM WAY WEST  
CLEARWATER, FL 33761 US

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

I CARE PHARMACY, LLC  
34911 US HWY 19 N  
SUITE 612  
PALM HARBOR, FL 34684 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: I CARE PHARMACY, LLC

02/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: I CARE PHARMACY, LLC  
Address: 34911 US HWY 19N, STE 612  
City-St-Zip: PALM HARBOR, FL 34684

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: I CARE PHARMACY, LLC

MGRM

02/21/2012

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