

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077166

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** INTERVENTIONAL MEDICAL CONSULTING LLC

**Current Principal Place of Business:**

3850 SW 87 AVENUE  
SUITE 301  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

3850 SW 87 AVENUE  
SUITE 301  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 27-3099430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE TORO, MIRIAM  
3850 SW 87 AVENUE  
SUITE 301  
MIAMI, FL 33165 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: GUIMARAES, MARCELO  
Address: 1253 WATERFRONT DR  
City-St-Zip: MT PLEASANT, SC 29464

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: MARCELO GUIMARAES

MGRM

04/19/2012

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