

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086634

Entity Name: MEDVANCES, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15325 S.W. 106TH TERRACE, APT. 607  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15325 S.W. 106TH TERRACE, APT. 607  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 39-2077260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ, MIGUEL A  
8500 WEST FLAGLER STREET, STE. B-208  
MIAMI, FL 33144 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: ACEDO GARCIA, FABIOLA  
Address: 15325 S.W. 106TH TERRACE, APT. 607  
City-St-Zip: MIAMI, FL 33196

Title: MGRM  
Name: OCAMPO ORTIZ, JOSE F  
Address: 15325 S.W. 106TH TERRACE, APT. 607  
City-St-Zip: MIAMI, FL 33196

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: ACEDO GARCIA, FABIOLA

MGRM

04/16/2012

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