

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019131

**Entity Name:** SERVICEMED, LLC

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

**Current Principal Place of Business:**

6955 S.W. 159TH AVENUE  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

6955 S.W. 159TH AVENUE  
MIAMI, FL 33193

**New Mailing Address:**

**FEI Number:** 90-0661649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LANZA, MELISSA P ESQ  
104 CRANDON BLVD., SUITE 420  
KEY BISCAYNE, FL 33149 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:** MGR  
**Name:** SANDOVAL, MARIA  
**Address:** 6955 S.W. 159TH AVENUE  
**City-St-Zip:** MIAMI, FL 33193

**Title:** MGR  
**Name:** PENA, HELSON LEAL  
**Address:** AVE. RIO, MANAPRIE, EDIF MANAPRIE, PISO 6  
**City-St-Zip:** TERRAZAS DEL CLUB HIPICO, BA, XX

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 SANDOVAL

MGRM

03/19/2012

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