

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000026529

Entity Name: ACUMEDICALS LLC

FILED
Apr 27, 2012
Secretary of State

Current Principal Place of Business:

4401 SHERIDAN
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3300 NE 192ND STREET, APT. 1418
AVENTURA, FL 33180

New Mailing Address:

3300 NE 192ND STREET
1418
AVENTURA, FL 33180

FEI Number: 90-0671940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DR. SHLOMI GAVISH, D.O.M., A.P.
450 N. PARK ROAD, SUITE 200
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DR. SHLOMI GAVISH, D.O.M., A.P.
4401 SHERIDAN ST.
HOLLYWOOD, FL 33021 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:

04/27/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: DR. SHLOMI GAVISH, D.O.M., A.P.
Address: 4401 SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

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: SHLOMI GAVISH

DR.

04/27/2012

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