

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041998

Entity Name: SARFATI MEDICAL LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4980 WEST 10TH AVENUE  
SUITE 103  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640329  
MIAMI, FL 33164

**New Mailing Address:**

FEI Number: 45-1590928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SARFATI, ALICE  
4980 WEST 10TH AVENUE  
SUITE 103  
HIALEAH, FL 33012 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: SARFATI, ALICE  
Address: 4980 WEST 10TH AVENUE, STE. 103  
City-St-Zip: HIALEAH, FL 33012

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: ALICE SARFATI

MISS

01/04/2012

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