

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046596

Entity Name: JN MEDICAL LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2625 WEST WAY  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

2625 WEST WAY  
SINGER ISLAND, FL 33404 US

**Current Mailing Address:**

P.O. BOX 880245  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 45-1775068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBERTO, NICHOLAS  
2625 WEST WAY  
SUITE 101  
SINGER ISLAND, FL 33404 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: GERALD, HAFHEY  
Address: 2625 WEST WAY  
City-St-Zip: SINGER ISLAND, FL 33404

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: GERALD HAFHEY

MGRM

02/09/2012

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