

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050050

FILED
Mar 21, 2012
Secretary of State

Entity Name: LYMPHATIC SOLUTIONS & THERAPY LLC

Current Principal Place of Business:

110 NORTH FEDERAL HIGHWAY
SUITE 204
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021 US

Current Mailing Address:

110 NORTH FEDERAL HIGHWAY
SUITE 204
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

2345 N. E. 135TH STREET
APT. #203
NORTH MIAMI, FL 33181 US

FEI Number: 45-2250494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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: PREVILON, MARGARET
Address: 2345 N.E. 135TH STREET, APT. #203
City-St-Zip: NORTH MIAMI, FL 33181 US

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: MARGARET PREVILON

MGRM

03/21/2012

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