

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052330

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** US MEDICAL WASTE, LLC

**Current Principal Place of Business:**

630 HANNAH PARK LANE  
ST. AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

2073 CROWN DR.  
ST. AUGUSTINE, FL 32092 US

**Current Mailing Address:**

630 HANNAH PARK LANE  
ST. AUGUSTINE, FL 32095 US

**New Mailing Address:**

2073 CROWN DR.  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 30-0685436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CART, GREGORY  
630 HANNAH PARK LANE  
ST. AUGUSTINE, FL 32095 US

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

CART, GREGORY  
2073 CROWN DR.  
ST. AUGUSTINE, FL 32095 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: G. SCOTT CART

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CART, GREGORY  
Address: 630 HANNAH PARK LANE  
City-St-Zip: ST. AUGUSTINE, FL 32095 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: G. SCOTT CART

MGRM

04/16/2012

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