

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059428

Entity Name: LA CURA MEDICAL, LLC

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## **New Principal Place of Business:**

3312 LITHIA PINECREST ROAD  
VALRICO, FL 33596

## **Current Mailing Address:**

201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## **New Mailing Address:**

3312 LITHIA PINECREST ROAD  
VALRICO, FL 33596

FEI Number: 45-3066360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, CHARLES A ESQUIRE  
MACFARLANE FERGUSON & MCMULLEN, P.A.  
201 NORTH FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602 US

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

PATEL, PRATIV  
3312 LITHIA PINECREST ROAD  
VALRICO, FL 33596 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: PRATIV PATEL

03/13/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PATEL, PRATIV  
Address: 3312 LITHIA PINECREST ROAD  
City-St-Zip: VALRICO, FL 33596

Title: MGRM  
Name: MALAVE, WILFRED  
Address: 3312 LITHIA PINECREST ROAD  
City-St-Zip: VALRICO, FL 33596

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: PRATIV PATEL

MGRM

03/13/2012

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