

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067753

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** THERAP MEDIC LLC

**Current Principal Place of Business:**

441 SAN SOVINO AVENUE  
MIAMI, FL 33146

**New Principal Place of Business:**

1000 5TH STREET STE 300  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

441 SAN SOVINO AVENUE  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 45-2505683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLOBAL LEGAL SERVICES, LLC  
441 SAN SOVINO AVENUE  
MIAMI, FL 33146 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:** THERAP MEDICA, CA  
**Address:** 441 SAN SOVINO AVENUE  
**City-St-Zip:** MIAMI, FL 33146

**Title:** PT  
**Name:** GOMEZ, JESSYKA  
**Address:** 441 SAN SOVINO AVENUE  
**City-St-Zip:** MIAMI, FL 33146

**Title:** VPS  
**Name:** GARCIA MADRID, FRANCISCO J  
**Address:** 441 SAN SOVINO AVENUE  
**City-St-Zip:** MIAMI, FL 33146

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:** JESSYKA GOMEZ

PT

04/23/2012

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