

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099100

**Entity Name:** AXIOM INFORMATICS, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10320 NW 44TH ST  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10320 NW 44TH ST  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 45-3122135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALEM, GABY J  
10320 NW 44TH ST  
CORAL SPRINGS, FL 33065 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: D  
Name: SALEM, GABY J  
Address: 10320 NW 44TH ST  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D  
Name: MILLAS, ROLAND J  
Address: 1206 FERDINAND ST  
City-St-Zip: CORAL GABLES, FL 330134

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: GABY J. SALEM

D

04/27/2012

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