

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000111211

Entity Name: ELECTROMEDICA USA, LLC

FILED  
Apr 30, 2012  
Secretary of State

**Current Principal Place of Business:**

10031 NW COSTA DEL SOL BLVD  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10031 NW COSTA DEL SOL BLVD  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 38-3856547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

H. RODRIGUEZ, P.A.  
2432 SW 47TH PATH  
MIAMI, FL 33185 US

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

H. RODRIGUEZ, P.A.  
9600 NW 38TH STREET  
206  
MIAMI, FL 33178 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: GENA RODRIGUEZ

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ORTIZ, HECTOR B  
Address: 10031 NW COSTA DEL SOL BLVD.  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: LOPEZ DE ORTIZ, MARITZA  
Address: 10031 NW COSTA DEL SOL BLVD  
City-St-Zip: DORAL, FL 33178

Title: MGRM  
Name: ORTIZ, FRANCISCO A  
Address: 10031 NW COSTA DEL SOL BLVD  
City-St-Zip: DORAL, FL 33178

Title: MGRM  
Name: ORTIZ, GISELLE M  
Address: 10031 NW COSTA DEL SOL BLVD  
City-St-Zip: DORAL, FL 33178

Title: MGRM  
Name: ORTIZ, MICHELLE M  
Address: 10031 NW COSTA DEL SOL BLVD  
City-St-Zip: DORAL, FL 33178

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: HECTOR ORTIZ

P

04/30/2012

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