

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000117847

**FILED**  
**May 21, 2012**  
**Secretary of State**

**Entity Name:** MEDI-MAX ADVISORS, LLC.

**Current Principal Place of Business:**

260 CRANDON BLVD.  
#32 433  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

260 CRANDON BLVD.  
#32 433  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

**FEI Number:** 45-3741628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DE LEON, ROBERT  
260 CRANDON BLVD.  
#32 433  
KEY BISCAYNE, FL 33149 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:** DE LEON, ROBERT  
**Address:** 260 CRANDON BLVD. #32  
**City-St-Zip:** KEY BISCAYNE, FL 33149 US

**Title:** MGRM  
**Name:** MERUELO, BELINDA  
**Address:** 6701 COLLINS AVENUE  
**City-St-Zip:** MIAMI BEACH, FL 33141

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: BELINDA MERUELO

MGRM

05/21/2012

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