

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121358

**FILED**  
**Jun 15, 2012**  
**Secretary of State**

**Entity Name:** INTRAMED DIABETIC AND PERSONAL CARE LLC

**Current Principal Place of Business:**

11 SW 12TH AVENUE  
SUITE 106  
DANIA, FL 33004 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 SW 12TH AVENUE  
SUITE 106  
DANIA, FL 33004 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

PIZIK, LARRY J  
11 SW 12TH AVENUE  
SUITE 106  
DANIA, FL 33004 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: JANKE, WALTER J  
Address: 2511 NORTHEAST 35TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM  
Name: PIZIK, LAWRENCE J  
Address: 3300 NW 91ST WAY  
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM  
Name: CHOPRA, KOBITA  
Address: 15091 SW 15TH PLACE  
City-St-Zip: DAVIE, FL 33026

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: WALTER J JANKE

MGRM

06/15/2012

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