

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133396

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INTERACTIVE MEDICAL - UNLIMITED SURGICAL ASSISTANTS, LLC

**Current Principal Place of Business:**

49 N. FEDERAL HWY, STE. 361  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

49 N. FEDERAL HWY, STE. 361  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 45-3868672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ORTIZ DIAZ, MIGUEL A PA-C  
49 N. FEDERAL HWY, STE. 361  
POMPANO BEACH, FL 33062 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:** ORTIZ-DIAZ, MIGUEL A PA-C  
**Address:** 49 N. FEDERAL HWY, STE. 361  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** PT  
**Name:** ORTIZ-DIAZ, MIGUEL A PA-C  
**Address:** 49 N. FEDERAL HWY, STE. 361  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** VPS  
**Name:** URBINA, MARIA G  
**Address:** 49 N. FEDERAL HWY, STE. 361  
**City-St-Zip:** POMPANO BEACH, FL 33062

**Title:** SV  
**Name:** MYERS, BEHNAM J  
**Address:** 49 N. FEDERAL HWY, STE. 361  
**City-St-Zip:** POMPANO BEACH, FL 33062

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:** MIGUEL A. ORTIZ DIAZ PA-C

MGRM

04/30/2012

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