

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140428

Entity Name: ENMEDICAL SYSTEMS, LLC

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

**Current Principal Place of Business:**

2780 E FOWLER AVE  
#121  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

2780 E FOWLER AVE  
#121  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SAMARAH, HANI M  
13210 ARBOR ISLE DR  
203  
TEMPLE TERRACE, FL 33637 US

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

SAMARAH, HANI M  
14601 N 43 ST  
5  
TAMPA, FL 33613 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: HANI SAMARAH

04/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SAMARAH, HANI M  
Address: 14601 N 43 ST APT #5  
City-St-Zip: TAMPA, FL 33613

Title: MGR  
Name: SAMARAH, ESAA M  
Address: 14601 N 43 ST APT #5  
City-St-Zip: TAMPA, FL 33613

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: HANI SAMARAH

MR

04/21/2012

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