

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142214

Entity Name: LKR MEDICAL, LLC

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

**Current Principal Place of Business:**

412 ALEDO AVE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

412 ALEDO AVE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 45-4073921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRODEGUAS, LESTER  
412 ALEDO AVE  
CORAL GABLES, FL 33134 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: CARRODEGUAS, LESTER  
Address: 412 ALEDO AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: BANGO, KIM  
Address: 12885 SW 82 AVE  
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM  
Name: KINI, REKHA  
Address: 12850 SW 60TH AVE  
City-St-Zip: PINECREST, FL 33156 US

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: LESTER CARRODEGUAS, MD

MGRM

04/30/2012

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