

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000917

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** REHAMED INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

14008 SW 140 ST  
MIAMI, FL 33186

**New Principal Place of Business:**

522 WEST MOWRY DRIVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

14008 SW 140 ST  
MIAMI, FL 33186

**New Mailing Address:**

522 WEST MOWRY DRIVE  
HOMESTEAD, FL 33030

FEI Number: 65-0714760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CADEN, JOHN J  
14008 SW 140 ST  
MIAMI, FL 33186 US

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

CADEN, JOHN J  
522 WEST MOWRY DRIVE  
HOMESTEAD, FL 33030 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: \_\_\_\_\_

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CADEN, JOHN  
Address: 14008 SW 140 ST  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN CADEN

MGRM

04/12/2007

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