

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000863

1. Entity Name
DAEMED, L.C.

Principal Place of Business
1200 S. PINE ISLAND RD.
SUITE 320
PLANTATION FL 33324

Mailing Address
1200 S. PINE ISLAND RD.
SUITE 320
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0774920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG & S REGISTERED AGENT CORP.
100 S.E. SECOND STREET
SUITE 2800
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
MELLA, JUAN MD ☐ Delete
STREET ADDRESS 8950 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL

TITLE NAME MGR ☐ Change ☒ Addition
Thames R. Bayless
STREET ADDRESS 1200 S. Pine Island Road, #320
CITY-ST-ZIP Plantation, FL 33324

TITLE NAME MGR ☐ Delete
BARRERA, CARLOS MD
STREET ADDRESS 7400 N. KENDALL DR., #507
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME MGR ☐ Change ☒ Addition
Marco Vitiello
STREET ADDRESS 7575 S.W. 62nd Ave, #B
CITY-ST-ZIP Miami, FL 33143

TITLE NAME MGR ☐ Delete
BRETON, CRISTIAN MD
STREET ADDRESS 7400 S.W. 88TH ST
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME MGR ☐ Change ☒ Addition
Roberto Santiago Stepan
STREET ADDRESS 8950 N. Kendall Dr., #4020
CITY-ST-ZIP Miami, FL 33176

TITLE NAME MGR ☒ Delete
EGOL, ANDREW
STREET ADDRESS 8900 S.W. 88TH ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition

TITLE NAME MGR ☐ Delete
SOBRADO, JAVIER MD
STREET ADDRESS 8525 SW 92ND ST.
CITY-ST-ZIP SOUTH MIAMI FL

TITLE NAME ☐ Change ☐ Addition
900004085929-1
-04/27/01--01083--003
*****50.00 *****50.00

TITLE NAME MGR ☒ Delete
LOEWENHERZ, JAMES MD
STREET ADDRESS 9000 S.W. 87TH CT
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/09 (954) 236-5511

CR2E083 (11/00)

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FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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