

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000863

FILED
May 02, 2005
Secretary of State

Entity Name: DADEMED, L.C.

Current Principal Place of Business:

300 S. PINE ISLAND RD.
SUITE 314
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

300 S. PINE ISLAND RD.
SUITE 314
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0774920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAM SPRATT & KIRKPATRICK&LOCKHART, LLP
201 SOUTH BISCAYNE BLVD
20TH FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BAYLESS, THOMAS R
300 S. PINE ISLAND ROAD
SUITE 314
PLANTATION, FL 33324 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: THOMAS R. BAYLESS

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MELLA, JUAN MD
Address: 8950 N. KENDALL DR.
City-St-Zip: MIAMI, FL

Title: MGR () Delete
Name: BARRERA, CARLOS MD
Address: 7400 N. KENDALL DR., #507
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: BRETON, CRISTIAN MD
Address: 7400 S.W. 88TH ST
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: BAYLESS, THOMAS R
Address: 1200 S PINE ISLAND ROAD, #320
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: SOBRADO, JAVIER MD
Address: 8525 SW 92ND ST.
City-St-Zip: SOUTH MIAMI, FL

Title: MGR () Delete
Name: VITIELLO, MARCO
Address: 7575 SW 62ND AVE #B
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

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

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

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

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

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

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 Section 119.07(3)(i), 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: THOMAS R. BAYLESS

MR.

05/02/2005

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