2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L97000000863

Entity Name: DADEMED, L.C.

Current Principal Place of Business:

300 S. PINE ISLAND RD.
SUITE 238
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

300 S. PINE ISLAND RD.
SUITE 238
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0774920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYLESS, THOMAS R
300 S. PINE ISLAND ROAD
SUITE 238
PLANTATION, FL 33324 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:	MGR	( ) Delete
Name:	MELLA, JUAN MD	
Address:	8950 N. KENDALL DR.	
City-St-Zip:	MIAMI, FL	
Title:	MGR	(X) 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:	300 S. PINE ISLAND ROAD, SUITE 238	
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
Name:	
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 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: THOMAS R. BAYLESS MGR 01/04/2007

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