2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000863

Entity Name: DADEMED, L.C.

City-St-Zip:

MIAMI, FL 33143

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 S. PINE ISLAND RD. SUITE 238 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 300 S. PINE ISLAND RD. SUITE 238 PLANTATION, FL 33324 FEI Number: 65-0774920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAYLESS, THOMAS R 300 S. PINE ISLAND ROAD SUITE 238 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MELLA, JUAN MD Name: Name: Address: 8950 N. KENDALL DR. Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: BRETON, CRISTIAN MD Name: Address: 7400 S.W. 88TH ST Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BAYLESS, THOMAS R Name: Name: 300 S. PINE ISLAND ROAD, SUITE 238 Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SOBRADO, JAVIER MD Name: 8525 SW 92ND ST. Address: Address: City-St-Zip: SOUTH MIAMI, FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition VITIELLO, MARCO Name: Name: 7575 SW 62ND AVE #B Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: THOMAS R. BAYLESS MGR 01/05/2008