

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001067

Entity Name: BOCAMED GROUP, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE, O-305  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 191915  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

FEI Number: 65-0900155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHNAPIER, MARIE-THERESE  
15513 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 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: MGRM  
Name: SHNAPIER, MARIE THERESE  
Address: 15513 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

I hereby 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: MARIE-THERESE SHNAPIER

MGRM

01/05/2012

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