

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000651

Entity Name: MEDSTAR SYSTEMS, LLC

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

3115 NW 10TH TERRACE SUITE 104  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3115 NW 10TH TERRACE SUITE 104  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LALAGUNA, PABLO  
1410 POLK STREET  
HOLLYWOOD, FL 33020 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: VALLS, JUAN CARLOS  
Address: 3700 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR ( ) Delete  
Name: VALLS, EMILIO  
Address: 27 FOXHURST LANE  
City-St-Zip: MANHASSET, NY 11030

Title: MGR ( ) Delete  
Name: LALAGUNA, PABLO  
Address: 1410 POLK ST  
City-St-Zip: HOLLYWOOD, FL 33020

**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:

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: EMILIO VALLS

MGR

01/10/2007

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