

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007155

Entity Name: AXAMED, LLC

FILED  
Aug 10, 2007  
Secretary of State

**Current Principal Place of Business:**

4340 SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137

**Current Mailing Address:**

4340 SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137

FEI Number: 20-5984247      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:**

SERFATY, CHARLES S  
4340 SHERIDAN ST.  
HOLLYWOOD, FL 33021      US

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

SERFATY, CHARLES S  
4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137 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: CHARLES S. SERFATY

08/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SEBBAN, ERIC  
Address: 4340 SHERIDAN ST.  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: SEBBAN, ERIC  
Address: 4770 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

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.

SIGNATURE: ERIC SEBBAN

MGR

08/10/2007

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