

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007155

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: AXAMED, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137

**New Principal Place of Business:**

700 E DANIA BEACH BLVD #202  
DANIA, FL 33004

**Current Mailing Address:**

4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137

**New Mailing Address:**

700 E DANIA BEACH BLVD #202  
DANIA, FL 33004

FEI Number: 20-5984247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SERFATY, CHARLES S  
4770 BISCAYNE BOULEVARD  
SUITE 1430  
MIAMI, FL 33137 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 ( ) Delete  
Name: AOVIZERATE, PHILIPPE  
Address: 4770 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AOUIZERATE, PHILIPPE  
Address: 700 E DANIA BEACH BLVD #202  
City-St-Zip: DANIA, FL 33004

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: PHILIPPE AOUIZERATE

MGR

01/20/2009

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