

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006533

Entity Name: ERA MED LLC

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

#1 EARHART DRIVE  
SUITE #11  
COATESVILLE, PA 19320

**New Principal Place of Business:**

1 EARHART DRIVE  
SUITE 11  
COATESVILLE, PA 19320

**Current Mailing Address:**

2200 ELLER DRIVE, P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 72-1621754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: PRES  
Name: VAN DE VUURST, ROBERT  
Address: 600 AIRPORT ROAD  
City-St-Zip: LAKE CHARLES, LA 70605 US

Title: DIR  
Name: WASHECKA, ED DIR.  
Address: 460 PARK AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: S/T  
Name: GOSS, ANNA SEC.  
Address: 11200 RICHMOND AVENUE, SUITE 400  
City-St-Zip: HOUSTON, TX 77082

Title: DIR  
Name: FAGERSTAL, DICK  
Address: 460 PARK AVENUE, 12TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

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: ED WASHECKA

\_\_\_\_\_  
DIR

\_\_\_\_\_  
04/14/2011

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