

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000047393

Entity Name: LED MEDICAL, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1535 SW 122ND AVE - UNIT: 3  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

1535 SW 122ND AVE - UNIT: 3  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 27-2791503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELGADO, LISSET  
1535 SW 122ND AVE - UNIT: 3  
MIAMI, FL 33184 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DELGADO, LISSET  
Address: 1535 SW 122ND AVE - UNIT: 3  
City-St-Zip: MIAMI, FL 33184

Title: V  
Name: DOMINGUEZ, EDDY  
Address: 1535 SW 122ND AVE - UNIT: 3  
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISSET DELGADO

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date