

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027590

**Entity Name:** E-MED FINANCE LLC

**Current Principal Place of Business:**

10 EDGEWATER DRIVE  
14F  
CORAL GABLES, FL 33133

**Current Mailing Address:**

10 EDGEWATER DRIVE  
14F  
CORAL GABLES, FL 33133 US

**FEI Number:** 74-3115557

**Certificate of Status Desired:** No

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

GOULD, TAFFY  
10 EDGEWATER DRIVE  
14F  
MIAMI, FL 33133 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOULD, TAFFY  
Address 10 EDGEWATER DRIVE, #14F  
City-State-Zip: CORAL GABLES FL 33133

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAFFY GOULD

**MANAGER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date