

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095095

**Entity Name:** COLDPAX MEDICAL, LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD.  
408  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD.  
408  
AVENTURA, FL 33180 US

**FEI Number:** 80-0277570

**Certificate of Status Desired:** No

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

AUSPITZ, RICHARD CEO  
3500 MYSTIC POINTE  
3404  
AVENTURA, FL 33180 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 CEO  
Name RICHARD, AUSPITZ P  
Address 3500 MYSTIC POINTE  
City-State-Zip: AVENTURA FL 33180

Title PRES  
Name BORIS, VERTSBERGER  
Address 2221 E. 59 PL  
City-State-Zip: BROOKLYN NY 11234

*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:** RICHARD AUSPITZ

CEO

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date