

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050835

**Entity Name:** MEDICA INSTRUMENTOS, LLC

**Current Principal Place of Business:**

14530 SW 145 PL  
MIAMI, FL 33186

**Current Mailing Address:**

10305 NW 41 ST  
# 215  
DORAL, FL 33178

**FEI Number:** 27-2569048

**Certificate of Status Desired:** Yes

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

VIZCARRONDO, JOSE  
10305 NW 41 ST  
215  
DORAL, FL 33178 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 MGRM  
Name DOMMAR, CARLOS E  
Address 14530 SW 145 PL  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name GONZALEZ, LUISA J  
Address 14530 SW 145 PL  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name VIZCARRONDO, JOSE  
Address 10305 NW 41 ST # 215  
City-State-Zip: DORAL FL 33178

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DOMMAR, CARLOS E

MGRM

02/10/2013

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

\_\_\_\_\_  
Date