

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098582

**Entity Name:** SOUTH FLORIDA MEDICAL TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1122 NW 118TH WAY  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1122 NW 118TH WAY  
CORAL SPRINGS, FL 33071 US

**FEI Number: 27-3679516**

**Certificate of Status Desired: No**

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

LYON, JAMES BESQ.  
3300 UNIVERSITY DRIVE  
802  
CORAL SPRINGS, FL 33065 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	Title	MGR
Name	PRESSLER, DAVID	Name	HOLSTEIN, DAVID A
Address	5877 NW 122 WAY	Address	1122 NW 118 WAY
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33071

*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: DAVID PRESSLER** \_\_\_\_\_

**MANAGER**

**04/17/2013**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date