2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC2347670441

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Entity Name: TROPICALASER OF DAVIE, LLC

Current Principal Place of Business:

7750 NOVA DRIVE
A4
DAVIE, FL 33324

Current Mailing Address:

7750 NOVA DRIVE
A4
DAVIE, FL 33324 US

FEI Number: 45-3137785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RISK, DAWN
ONE SOUTH OCEAN BLVD #4
BOCA RATON, FL 33432 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	Title	MGRM
Name	TROPICALASER OF MIAMI, LLC	Name	JJKT ENTERPRISES, INC
Address	3661 S. MIAMI AVE. SUITE # 402	Address	746 NE 95TH STREET
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI SHORES FL 33138

Title	MGRM
Name	TL MEDICAL ENTERPRISES LLC
Address	ONE SOUTH OCEAN BLVD, 306
City-State-Zip:	BOCA RATON FL 33432

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: DAWN RISK — 04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date