2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2014
Secretary of State
CC6058192901

DOCUMENT# L11000122599

Entity Name: ICON MED 4905 L.L.C

Current Principal Place of Business:

495 BRICKELL AVE
4905
MIAMI, FL 33131

Current Mailing Address:

250 NE 25 ST
2408
MIAMI, FL 33137

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIEDRAHITA ORTEGA, ALEJANDRO
250 NE 25 ST
2408
MIAMI, FL 33137 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	CENTRO DE HEMATOONCOLOGIA SAS
Address	CARRERA 65 # 49 B 21 101
City-State-Zip:	MEDELLIN ANT COLOMBIA

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: MONICA NUNEZ 02/24/2014

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