

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000149855

Entity Name: WOKAN MD, LLC

Current Principal Place of Business:

10590 NW 27TH.STREET
SUITE E-102-103
DORAL, FL 33172

Current Mailing Address:

10590 NW 27TH.STREET
SUITE E-102-103
DORAL, FL 33172

FEI Number: 46-1480163

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUST HIGH TECH, CORP
10850 NW 89TH TERR
103
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 CUEVAS, JESUS M
Address 2299 NW 170TH AV
City-State-Zip: PEMBROKE PINES FL 33028

Title MGRM
Name SANCHEZ, WILLIAM
Address 2299 NW 170TH AV.
City-State-Zip: PEMBROKE PINES FL 33028

Title MGRM
Name CUEVAS, JESUS A
Address 2299 NW 170TH AV.
City-State-Zip: PEMBROKE PINES FL 33028

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: JESUS M CUEVAS

MGRM

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date