

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010316

FILED
Jan 07, 2004
Secretary of State

Entity Name: MEDICAL INTERNET COMMUNITIES, LLC

Current Principal Place of Business:

4133 NORTHWEST 28TH AVENUE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

ATTN: ALAN SHERMAN
4133 NW 28TH AVE.
BOCA RATON, FL 334345834

New Mailing Address:

FEI Number: 65-1031877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EAGLE WATCH ADVISERS, LLC
2483 EAGLE WATCH COURT
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EAGLEWATCH ADVISORS,, LLC
Address: 2483 EAGLEWATCH COURT
City-St-Zip: WESTIN, FL 33327

Title: MGR () Delete
Name: DAVID PECK,
Address: 2483 EAGLE WATCH CT.
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: MICHAEL SHORE, DPM,
Address: 3332 W HILLSBORO AVE.
City-St-Zip: DEERFIELD BEACH, FL 33448

Title: MGR () Delete
Name: ALAN SHERMAN, DPM,
Address: 4133 NORTHWEST 28TH AVENUE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ALAN SHERMAN, DPM MGR 01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date