

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2005  
Secretary of State**

DOCUMENT# L04000057672

Entity Name: MEDCODE, LLC

**Current Principal Place of Business:**

10531 SUNSET STRIP  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10531 SUNSET STRIP  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 36-4558890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEID, ZALIKA  
10531 SUNSET STRIP  
SUNRISE, FL 33322 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: MGR ( ) Delete  
Name: LEID, ZALIKA  
Address: 10531 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES:**

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: ZALIKA LEID

MGR

04/19/2005

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