

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086524

FILED
Apr 28, 2007
Secretary of State

Entity Name: MEDICALSELL, LLC

Current Principal Place of Business:

5800 NE 22ND WAY UNIT 523
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5800 NE 22ND WAY UNIT 523
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-5518254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO, MANUEL AUGUSTO
5800 NE 22ND WAY UNIT 523
FORT LAUDERDALE, FL 33308 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/MANAGERS:

Title: MGRM () Delete
Name: ALVARADO, MANUEL AUGUSTO
Address: 5800 NE 22ND WAY UNIT 523
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: GARCIA, JUAN CARLOS
Address: KM 3.5. VIA SAMBORONDON URBANIZACION
City-St-Zip: GUAYAQUIL ECUADOR,

Title: MGR () Delete
Name: CALDERON, MARIO
Address: AVE CIRCUNVALACION #511 Y LA MONJAS
City-St-Zip: URDESA CENTRAL GUAYAUQIL ECU,

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MANUEL ALVARADO

MGRM

04/28/2007

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