

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097964

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: MEDFI INTERNATIONAL, LLC

**Current Principal Place of Business:**

15500 NEW BARN ROAD, SUITE 205  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15500 NEW BARN ROAD, SUITE 205  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-1142077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATZNER, GARY C  
C/O MCDERMOTT WILL & EMERY LLP  
201 S. BISCAYNE BLVD., SUITE 2200  
MIAMI, FL 33131 US

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

MATZNER, GARY C  
C/O AKERMAN SENTERFITT  
1 S.E. THIRD AVE., 25TH FLOOR  
MIAMI, FL 33131 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:

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALL, WILLIAM  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: ANGELONE, DAVID  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: GUTCHER, LAURENCE  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

Title: C ( ) Delete  
Name: GUTCHER, LAURENCE  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

Title: PS ( ) Delete  
Name: WALL, WILLIAM  
Address: 15500 NEW BARN ROAD, SUITE 205  
City-St-Zip: MIAMI LAKES, FL 33014

**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:

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: WILLIAM WALL

MGR

01/08/2008

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