

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Mar 06, 2008
Secretary of State**

DOCUMENT# L06000097964

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 AKERMAN SENTERFITT
1 S.E. THIRD AVE., 25TH FLOOR
MIAMI, FL 33131 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: 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 (X) Delete
Name: GUTCHER, LAURENCE
Address: 15500 NEW BARN ROAD, SUITE 205
City-St-Zip: MIAMI LAKES, FL 33014

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

ADDITIONS/CHANGES:

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

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

Title: CPS (X) Change () Addition
Name: GUTCHER, LAURENCE
Address: 15500 NEW BARN ROAD, SUITE 205
City-St-Zip: MIAMI LAKES, FL 33014

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: DAVID ANGELONE

MGR

03/06/2008

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