

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Dec 08, 2008
Secretary of State**

DOCUMENT# L07000121034

Entity Name: MEDCO DATA, LLC

Current Principal Place of Business:

11511 US HWY 19 N.
CLEARWATER, FL 33764

New Principal Place of Business:

1410 N. WEST SHORE BLVD
700
TAMPA, FL 33607

Current Mailing Address:

11511 US HWY 19 N.
CLEARWATER, FL 33764

New Mailing Address:

4532 W. KENNEDY BLVD
298
TAMPA, FL 33609

FEI Number: 26-1515293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, DANIEL
11511 US HWY 19 N
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

RODGERS, DANIEL E.CEO
1410 N. WEST SHORE BLVD
700
TAMPA, FL 33607 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: DANIEL E. RODGERS

12/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODGERS, DANIEL
Address: 11511 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33764

Title: MGR (X) Delete
Name: MOMENTUM IQ, INC.,
Address: 1399 LAKE AVENUE SE
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODGERS, DANIEL
Address: 1410 N. WEST SHORE BLVD, SUITE 700
City-St-Zip: TAMPA, FL 33607

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: DANIEL E. RODGERS

CEO

12/08/2008

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