

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124110

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** 1ST CHOICE MEDICAL FUNDING, LLC

**Current Principal Place of Business:**

2250 GLADES RD 2ND FL  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2295 N.W. CORPORATE BLVD., #140  
BOCA RATON, FL 33431

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD.  
SUITE 140  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 61-1551502      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PRUDEN, JAMES  
900 NORTH FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432 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  
**Name:** 1ST CHOICE MEDICAL FUND, INC.  
**Address:** 2295 N.W. CORPORATE BLVD., #140  
**City-St-Zip:** BOCA RATON, FL 33431

I hereby 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: GARY BROWN

MGRM

04/08/2010

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