

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004095

Entity Name: MEDCHOICE, L.L.C.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

12349 S.W. 53RD ST., STE. 205
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

12349 S.W. 53RD ST., STE. 205
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 65-1000020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEVENS, ROBERT D
12349 S.W. 53RD ST., STE. 205
COOPER CITY, FL 33330 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STEVENS, ROBERT D
Address: 12349 S.W. 53RD ST., STE. 205
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT D. STEVENS

MGRM

05/01/2005

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