2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L00000004095

Entity Name: MEDCHOICE, L.L.C.

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:

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

Name and Address of New Registered Agent:

STEVENS, ROBERT D
10840 SANTA FE DRIVE
COOPER CITY, FL 33026 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: ROBERT D. STEVENS 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: STEVENS, ROBERT D
Address: 10840 SANTA FE DRIVE
City-St-Zip: COOPER CITY, FL 33330

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: ROBERT D. STEVENS CEO 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date