2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# L01000006355

Entity Name: MEDICAL INFORMATICS FOUNDATION, LLC

Current Principal Place of Business:

2929 SW 3RD AVE. #614
MIAMI, FL 33129

New Principal Place of Business:

9 ISLAND AVE, APT 609
MIAMI BEACH, FL 33139

Current Mailing Address:

2929 SW 3RD AVE. #614
MIAMI, FL 33129

New Mailing Address:

9 ISLAND AVE, APT 609
MIAMI BEACH, FL 33139

FEI Number: 65-1099773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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/MEMBERS:

Title: MGR ( ) Delete
Name: OLIVERI, NORA
Address: 2929 SW 3RD AVE. #614
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OLIVERI, NORA
Address: 9 ISLAND AVE, APT 609
City-St-Zip: MIAMI BEACH, FL 33139

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: NORA OLIVERI MGR 05/01/2004

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