# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 15, 2006**
**Secretary of State**

DOCUMENT# L01000006355

**Entity Name:** MEDICAL INFORMATICS FOUNDATION, LLC

**Current Principal Place of Business:**

9 ISLAND AVE, APT 609
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

9 ISLAND AVE, APT 1711
MIAMI BEACH, FL 33139

**Current Mailing Address:**

9 ISLAND AVE, APT 609
MIAMI BEACH, FL 33139

**New Mailing Address:**

9 ISLAND AVE, APT 1711
MIAMI BEACH, FL 33139

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

**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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: KOT, NORA
Address: 9 ISLAND AVE, APT 1711
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 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: NORA KOT MGR 02/15/2006

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