

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000025394

1. Entity Name
MEDNET SOLUTIONS, LLC



Principal Place of Business
**3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

Mailing Address
**3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**



04032007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1196509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000728918
05/08/07-80018-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EHDL, INC 3106 COMMERCE PARKWAY MIRAMAR, FL 33025
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Kenneth J. Nedd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/07

Date

954-331-6515

Daytime Phone #