




**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028030		
1. Entity Name MEDCANICA, LLC		
Principal Place of Business 8372 NW 74TH AVENUE MIAMI, FL 33166	Mailing Address P O BOX 669097 MIAMI, FL 33166	 01042008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 20-0121447		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET, SUITE 400 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	 U00000787853 01/18/08-80015-022 138.75 DO NOT WRITE IN THIS SPACE
NAME	BOX, J. WILLIAM	
STREET ADDRESS	300 LEUCADENDRA DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>J. William Box</u>		Date: <u>1/15/2008</u> Daytime Phone #: <u>305 793 8220</u>