

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000031869

1. Entity Name
MEDOPINE LLC



Principal Place of Business
**5353 NORTH FEDERAL HIGHWAY
SUITE 400
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**5353 NORTH FEDERAL HIGHWAY
SUITE 400
FORT LAUDERDALE, FL 33308 US**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2418206

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBER, PAUL J MD
5353 NORTH FEDERAL HIGHWAY
SUITE 400
FORT LAUDERDALE, FL 33308**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEBER, PAUL J M.D.
STREET ADDRESS	5353 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80011-004 55.00

**DO NOT WRITE
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:

Paul J Weber **PAUL WEBER**
MASAKO KATAOKA

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

Date

Daytime Phone #

1-28-07 954 489 9800
1-28-07 954 489 9800