

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031869

Entity Name: MEDOPINE LLC

FILED
Jul 25, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

2101 CORPORATE BLVD
SUITE 107
BOCA RATON, FL 33431 US

New Mailing Address:

2101 CORPORATE BLVD
SUITE 107
BOCA RATON, FL 33431 US

FEI Number: 56-2418206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

M & W AGENTS, INC.
2101 CORPORATE BLVD
SUITE 107
BOCA RATON, FL 33431 US

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:

07/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEBER, PAUL J M.D.
Address: 5353 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEBER, PAUL J M.D.
Address: 2101 CORPORATE BLVD
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify 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: PAUL J. WEBER MD

MGRM

07/25/2008

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