

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025849

Entity Name: MED-INFOCHIP, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

6615 BOYNTON BEACH BLVD.
176
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

435A DEDHAM STREET
NEWTON, MA 02459

New Mailing Address:

FEI Number: 27-0079569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, JAY A
6615 BOYNTON BEACH BLVD
176
BOYNTON BEACH, FL 33426 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: MGRM () Delete
Name: FRANZBLAU, CARL
Address: 5313 ANGEL WING DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM () Delete
Name: KAPLAN, JAY A
Address: 6615 BOYNTON BEACH BLVD, #176
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL FRANZBLAU

DR.

03/19/2009

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