# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 21, 2008**
**Secretary of State**

## DOCUMENT# L04000030700

**Entity Name:** MEDICAL RECORD TECHNOLOGIES, LLC

**Current Principal Place of Business:**

1620 SOUTH OCEAN BOULEVARD
SUITE #10-A
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

6001 BROKEN SOUND PARKWAY NW
SUITE #100
BOCA RATON, FL 33487

**Current Mailing Address:**

1620 SOUTH OCEAN BOULEVARD
SUITE #10-A
POMPANO BEACH, FL 33062

**New Mailing Address:**

18539 OCEAN MIST DR
BOCA RATON, FL 33498    US

FEI Number: 34-1993556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDMAN, PAUL S
1620 SOUTH OCEAN BOULEVARD
SUITE #10-A
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

GOLDSMITH, BUTCH
18539 OCEAN MIST DRIVE
BOCA RATON, FL 33498    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:  B GOLDSMITH                                                        04/21/2008
_____
              Electronic Signature of Registered Agent                              Date

**MANAGING MEMBERS/MANAGERS:**

| | |
|---|---|
| Title: | MGRM    ( ) Delete |
| Name: | GOLDMAN, PAUL S |
| Address: | 1620 SOUTH OCEAN BOULEVARD |
| City-St-Zip: | POMPANO BEACH, FL 33062 |

| | |
|---|---|
| Title: | MGRM    ( ) Delete |
| Name: | GOLDSMITH, BUTCH |
| Address: | 18539 OCEAN MIST DRIVE |
| City-St-Zip: | BOCA RATON, FL 33498 |

**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:  B GOLDSMITH                                          MGRM                 04/21/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date