

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050887

Entity Name: IM MEDICAL HOLDINGS, LLC

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

13005 SOUTHERN BOULEVARD
SUITE 124
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

13005 SOUTHERN BOULEVARD
BUILDING #1, SUITE 124
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

13005 SOUTHERN BOULEVARD
SUITE 124
LOXAHATCHEE, FL 33470 US

New Mailing Address:

13005 SOUTHERN BOULEVARD
BUILDING #1, SUITE 124
LOXAHATCHEE, FL 33470 US

FEI Number: 26-0130814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METROU, MARY E
3609 MOON BAY CIRCLE
WELLINGTON, FL 33414 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: STEIN, IRA M M.D.
Address: 13005 SOUTHERN BOULEVARD, SUITE 124
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

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: IRA M. STEIN, M.D.

MGRM

02/25/2008

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