

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 06, 2007 8:00 am
Secretary of State

02-08-2007 90141 041 ****50.00

DOCUMENT # L04000053570 1. Entity Name MEDRECEIVABLES ADVISOR, LLC					
Principal Place of Business 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442			Mailing Address P.O. BOX 812170 BOCA RATON, FL 33481		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 90-0188725				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01312007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent COHEN, DONALD T 3363 WEST COMMERCIAL BOULEVARD SUITE 100 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1108 E. Newport Center Drive City State Zip Code Deerfield Beach FL 33442		
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 remitting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COHEN, DONALD T ☐ Delete 3363 WEST COMMERCIAL BOULEVARD #100 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1108 E. Newport Center Drive Deerfield Beach FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					