2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State
09-01-2006 90035 044 ****50.00

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1. Entity Name
MEDCHOICE FINANCIAL LLC

40102557

07192006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
2887 VIA VENEZIA DEERFIELD BEACH, FL 33442 US	2887 VIA VENEZIA DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business		3. Mailing Address	
3773 N. FEDERAL HWY		3773 N. FEDERAL HWY	
Suite, Apt. #, etc.: 208		Suite, Apt. #, etc.: 208	
City & State: POMPANO BEACH, FL		City & State: POMPANO BEACH, FL	
Zip: 33064	Country: USA	Zip: 33064	Country: USA

4. FEI Number: 34-2008547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARBAUGH, MICHAEL S 2887 VIA VENEZIA DEERFIELD BEACH, FL 33442	Name: MICHAEL HARBAUGH Street Address (P.O. Box Number is Not Acceptable): 3773 N. FEDERAL HWY, SUITE 208 City: POMPANO BEACH FL Zip Code: 33064

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] 8/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBAUGH, MICHAEL S 2887 VIA VENEZIA DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILIP HALL 698 Deer Creek Corona Way Deerfield Beach, FL 33442 ☐ 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
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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] 8/29/06 954-333-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #