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

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

40102557

07192006 Chg-LLC CR2E083 (11/05)

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 _____ 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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARBAUGH, MICHAEL S	NAME	
STREET ADDRESS	2887 VIA VENEZIA	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILIP HALL	NAME	
STREET ADDRESS	698 Deer Creek Corona Way	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33442	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 8/29/06 954-333-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #