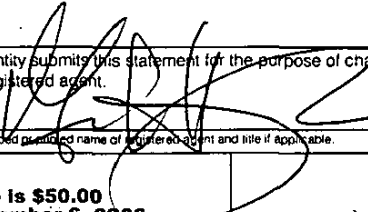
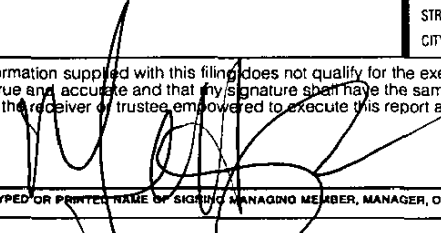


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90035 044 ****50.00

DOCUMENT # L04000057022 1. Entity Name MEDCHOICE FINANCIAL LLC					
Principal Place of Business 2887 VIA VENEZIA DEERFIELD BEACH, FL 33442 US			Mailing Address 2887 VIA VENEZIA DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business 3773 N. FEDERAL HWY Suite, Apt. #, etc. 208		3. Mailing Address 3773 N. FEDERAL HWY Suite, Apt. #, etc. 208			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL			
Zip 33061	Country USA	Zip 33061	Country USA	4. FEI Number 34-2008547	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HARBAUGH, MICHAEL S 2887 VIA VENEZIA DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name MICHAEL HARBAUGH Street Address (P.O. Box Number is Not Acceptable) 3773 N. FEDERAL HWY, SUITE 208 City POMPANO BEACH FL Zip Code 33061		
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			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			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 			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: 				Date 8/29/06 Daytime Phone # 954-333-8617	