

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90042 012 ****50.00

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07172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000057022			
1. Entity Name MEDCHOICE FINANCIAL LLC			
Principal Place of Business 3773 N. FEDERAL HWY 208 POMPANO BEACH, FL 33064 US		Mailing Address 3773 N. FEDERAL HWY 208 POMPANO BEACH, FL 33064 US	
2. Principal Place of Business - No P.O. Box # 550 FAIRWAY DRIVE		3. Mailing Address	
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc.	
City & State DEERFIELD BEACH, FL		City & State	
Zip 33441	Country USA	Zip	Country
4. FEI Number 34-2008547		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARBAUGH, MICHAEL S 3773 N. FEDERAL HWY, SUITE 208 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name HARBAUGH, MICHAEL S. Street Address (P.O. Box Number is Not Acceptable) 550 FAIRWAY DRIVE Suite 106 City DEERFIELD BEACH FL Zip Code 33441	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, PHILIP 698 DEER CREEK CORONA WAY DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 349 NE 31ST STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 7/17/7 954-719-0890 EXT 242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	