

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068566

Entity Name: MEDICO LLC

**FILED**  
**Jun 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

474 FISHTAIL TER  
WESTON, FL 33327

**New Principal Place of Business:**

804 SAVANNAH FALLS DR  
WESTON, FL 33327

**Current Mailing Address:**

474 FISHTAIL TER  
WESTON, FL 33327

**New Mailing Address:**

804 SAVANNAH FALLS DR  
WESTON, FL 33327

FEI Number: 20-1641630      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BAEK, HYUNGKEE DR  
474 FISHTAIL TER  
WESTON, FL 33327      US

**Name and Address of New Registered Agent:**

BAEK, HYUNGKEE DR  
804 SAVANNAH FALLS DR  
WESTON, FL 33327      US

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.

SIGNATURE: DR. HYUNGKEE BAEK

06/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BAEK, HYUNGKEE DR  
Address: 474 FISHTAIL TER  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BAEK, HYUNGKEE DR  
Address: 804 SAVANNAH FALLS DR  
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DR. HYUNGKEE BAEK

MGRM

06/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date