

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002703

FILED
Feb 12, 2006
Secretary of State

Entity Name: INTERNATIONAL MEDICAL EXCHANGE, LLC

Current Principal Place of Business:

5606 WELLESLEY PARK DR.
#202
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

5606 WELLESLEY PARK DR.
#202
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILSON, JARED R
5606 WELLESLEY PARK DR.
#202
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, ILEUZA E
Address: 5606 WELLESLEY PARK DR. #202
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR () Delete
Name: WILSON, JARED R
Address: 5606 WELLESLEY PARK DR. #202
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JARED WILSON

MR.

02/12/2006

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