

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023350

Entity Name: THE MEDFAMILY, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

16749 NW 13TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2900 GLADE CIRCLE
SUITE 500
WESTON, FL 33327 US

Current Mailing Address:

16749 NW 13TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

2900 GLADE CIRCLE
SUITE 500
WESTON, FL 33327 US

FEI Number: 35-2249572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUZ S MORIYON
16749 NW 13 COURT
PEMBROKE PINES, FL 33028 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: MORIYON, LUZ S
Address: 16749 NW 13TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ME (X) Delete
Name: MORIYON, LUIS E
Address: 16749 NW 13TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: LUZ S. MORIYON

MRS.

01/22/2008

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