

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023350

Entity Name: THE MEDFAMILY, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

2900 GLADE CIRCLE
SUITE 500
WESTON, FL 33327 US

Current Mailing Address:

2900 GLADE CIRCLE
SUITE 500
WESTON, FL 33327 US

New Principal Place of Business:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126 US

New Mailing Address:

7925 NW 12TH ST
SUITE 321
MIAMI, FL 33126 US

FEI Number: 35-2249572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

IGLESIAS, MANUEL E
7925 NW 12TH ST
321
MIAMI, FL 33126 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: MANUEL E. IGLESIAS

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORIYON, LUZ S
Address: 2900 GLADE CIRCLE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IGLESIAS, MANUEL E
Address: 7925 NW 12TH ST, SUITE 321
City-St-Zip: MIAMI, FL 33126 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: LACY LOAR

S

04/23/2009

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