2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2006
Secretary of State

DOCUMENT# L05000059540

Entity Name: MEDICORP. COLLECTIONS, L.L.C.

Current Principal Place of Business:

12450 SW 204 STREET
MIAMI, FL 33177

New Principal Place of Business:

12450 SW 204 STREET
MIAMI, FL 33177

Current Mailing Address:

PO BOX 771288
MIAMI, FL 33177

New Mailing Address:

FEI Number: 74-3147501 **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:

FALCON, BARBARA
14301 SW 183 STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

FALCON, BARBARA
12450 SW 204 ST
MIAMI, FL 33177 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: BARBARA FALCON 09/14/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CORDOVA, MAYDA
Address: 12450 SW 204 ST.
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Delete
Name: FALCON, BARBARA
Address: 14301 SW 183 STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FALCON, BARBARA
Address: 12450 SW 204 ST.
City-St-Zip: MIAMI, FL 33177

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: BARBARA FALCON PR 09/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date