2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L05000074940

Entity Name: MEDOPTIONS NETWORK SOLUTIONS LLC

Current Principal Place of Business:

3926 NORTHWESET 167 STREET
MIAMI, FL 33054

New Principal Place of Business:

3926 NORTHWEST 167 STREET
MIAMI, FL 33054

Current Mailing Address:

3926 NORTHWESET 167 STREET
MIAMI, FL 33054

New Mailing Address:

3926 NORTHWEST 167 STREET
MIAMI, FL 33054

FEI Number: 20-3484528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANA, JOHN HSA
15030 SW 127 PLACE
MIAMI, FL 33186 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: SANTANA, JOHN
Address: 3926 NORTHWESET 167 STREET
City-St-Zip: MIAMI, FL 33054

Title: MGR ( ) Delete
Name: SANTANA, ROSALIA
Address: 15030 SW 127 PLACE
City-St-Zip: MIAMI, FL 33186

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: JOHN SANTANA MGR 01/06/2009

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