2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000086773

Entity Name: MEDISCAN SYSTEMS LLC

Current Principal Place of Business:

2750 NE 53 ST
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

4021 NE 18TH TERRACE
POMPANO BEACH, FL 33064 US

Current Mailing Address:

2750 NE 53 ST
LIGHTHOUSE, FL 33064 US

New Mailing Address:

4021 NE 18TH TERRACE
POMPANO BEACH, FL 33064 US

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

Name and Address of Current Registered Agent:

FONTANA, JULIE A
4021 NE 18TH TERRACE
POMPANO BEACH, FL 33064 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: MGRM ( ) Delete
Name: LACEY, MICHAEL P
Address: 2750 NE 53 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM ( ) Delete
Name: PAGE, BRIAN
Address: 4021 NE 18TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LACEY, MICHAEL P
Address: 4021 NE 18TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM (X) Change ( ) Addition
Name: PAGE, BRIAN
Address: 72 ROCKLAND AVENUE
City-St-Zip: MANCHESTER, NH 03102 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: BRIAN PAGE MGRM 04/28/2008

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