

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086773

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: MEDISCAN SYSTEMS LLC

**Current Principal Place of Business:**

4021 NE 18TH TERRACE  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

4021 NE 18TH TERRACE  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

P.O. BOX 8568  
DEERFIELD BEACH, FL 33443 US

FEI Number: 26-2715693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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: 4021 NE 18TH TERRACE  
City-St-Zip: POMPAN0 BEACH, FL 33064 US

Title: MGRM ( ) Delete  
Name: PAGE, BRIAN  
Address: 72 ROCKLAND AVENUE  
City-St-Zip: MANCHESTER, NH 03102 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PAGE, BRIAN  
Address: 1631 RIVERVIEW ROAD, #208  
City-St-Zip: DEERFIELD BEACH, FL 33441 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

01/20/2009

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