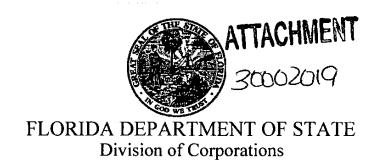
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 02-24-2006 90243 007 \*\*\*\*50.00 **DOCUMENT #L05000122948** 1. Entity Name MEDICAL MESSENGER HOLDINGS, LLC Principal Place of Business Mailing Address 30002019 3795 BOYNTON BEACH BLVD. 3795 BOYNTON BEACH BLVD. **BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E083 (11/05) City & State City & State 4 FEI Number 8 8 8 8 2 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired · D. 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent FENNER, JOHN P ESQ. Street Address (P.O. Box Number is Not Acceptable) 2840 N.W. BOCA RATON BLVD., SUITE 107 BOCA RATON, FL 33431 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typied or printed name of registration DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. President URF ☐ Detete ☐ Change ☐ Addition mark Freeman mp 3795 w Boynton Beach Blud NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P 33436 CITY-ST-ZIP Bounton TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 01Y-S1-ZP MILE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Defeta TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-\$1-ZIP CITY-SI-ZIP TITLE ☐ Detete MILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 11. I hereby certify that the information supplied with this high does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that ray signature shall have the same legal effect as it made under out that I am a menaging member or manager of the timited Sability company or the receiver or instead impowered to execute this report as required by Chapter 608, Florida Statutes. IAME OF RIGHING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Den Daytore Phone #

FILED

Mar 09, 2006 8:00 am Secretary of State



February 28, 2006

MEDICAL MESSENGER HOLDINGS, LLC 3795 BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436

Subject: MEDICAL MESSENGER HOLDINGS, LLC

Ref rence Number:

L05000122948

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION