2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# L05000123274

Entity Name: MDFORME, LLC

Current Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD, SUITE 204
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2400 WEST CYPRESS CREEK ROAD, SUITE 204
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-4086638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALINS, CHRIS
6524 N.W. 55TH STREET
CORAL SPRINGS, FL 33067 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: SALINS, CHRIS
Address: 6524 NW 55 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MR ( ) Change (X) Addition
Name: HABTE, YOSEF
Address: 58 SPINNING WHEEL LANE
City-St-Zip: TAMARAC, FL 33309

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: CHRIS SALINS MR 02/13/2006

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