



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000029894 1. Entity Name MEDICAL OFFICE TECHNOLOGIES OF FLORIDA, LLC	
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Principal Place of Business 4568 WOODSIDE RD SARASOTA, FL 34242	Mailing Address 4568 WOODSIDE RD SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4561840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHN, SOBCZAK
4568 WOODSIDE RD
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

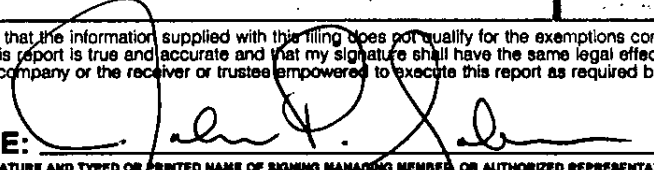
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOBCZAK, JOHN P 4568 WOODSIDE RD SARASOTA, FL 34242
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01/16/08-80026-017-138.75

11. I hereby certify that the information supplied with this filing 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 my 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:  **1/11/08 412-445-4455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #