

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044331

FILED
Mar 30, 2009
Secretary of State

Entity Name: MEDICAL CONCIERGE CONCEPTS, LLC

Current Principal Place of Business:

600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-4802888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MICHAEL, REED L
600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458 US

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: MICHAEL L. REED

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BIOKINETEX, LLC,
Address: 600 HERITAGE DRIVE, STE 110
City-St-Zip: JUPITER, FL 33458

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

Title: PCEO () Delete
Name: REED, MICHAEL L
Address: 600 HERITAGE DR, STE 110
City-St-Zip: JUPITER, FL 33458

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

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: MICHAEL L. REED

MGR

03/30/2009

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