

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051192

Entity Name: MEDIPOINT LLC

FILED
Mar 22, 2008
Secretary of State

Current Principal Place of Business:

138 NORTH ONE DRIVE
SUITE B
SAINT AUGUSTINE, FL 32095

Current Mailing Address:

138 NORTH ONE DRIVE
SUITE B
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095

New Mailing Address:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095

FEI Number: 20-4891031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLURE, WILLIAM A
138 NORTH ONE DRIVE
SUITE B
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MCCLURE, WILLIAM A
167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 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: WILLIAM A MCCLURE

03/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCLURE, WILLIAM A
Address: 138 NORTH ONE DRIVE SUITE B
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR () Delete
Name: TESTA, DAVID C
Address: 138 NORTH ONE DRIVE SUITE B
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR () Delete
Name: BROOKS, THOMAS
Address: 138 NORTH ONE DRIVE SUITE B
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Delete
Name: BULLOCK, KRISTIN
Address: 138 NORTH ONE DRIVE SUITE B
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCLURE, WILLIAM A
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Change () Addition
Name: BROOKS, THOMAS
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Change () Addition
Name: BULLOCK, KRISTIN
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: WILLIAM A MCCLURE

MGRM

03/22/2008

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