

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052665

Entity Name: MEDICLIP, LLC

FILED  
Feb 25, 2008  
Secretary of State

**Current Principal Place of Business:**

7785 TRAVELER TREE DRIVE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7785 TRAVELER TREE DRIVE  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 20-4995340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROODIAN, RICHARD M  
9222 BROAD STREET  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

STREISFELD, MARK  
7785 TRAVELERS TREE DRIVE  
BOCA RATON, FL 33433 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: MARK STREISFELD

02/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STREISFELD, MARK  
Address: 7785 TRAVELERS TREE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: MGR ( ) Delete  
Name: STREISFELD, ROBERT  
Address: 7785 TRAVELERS TREE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: STREISFELD, ROBERT DR.  
Address: 7785 TRAVELERS TREE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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: MARK STREISFELD

MGR

02/25/2008

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