


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90034 004 \*\*\*\*55.00

<b>DOCUMENT # L06000071667</b> 1. Entity Name <b>MD4 YOU L.L.C.</b>					
Principal Place of Business <b>440 N. STATE ROAD 7, SUITE 101 ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>PO BOX 211118 ROYAL PALM BEACH, FL 33421</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>11-3785089</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02102007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>WELLIVER, TODD A 10908 OAK BEND WAY WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent  <b>Todd A. Welliver, M.D. 10454 Polo Lake Drive West Wellington, FL 33414-6181</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WELLIVER, TODD A 10908 OAK BEND WAY WELLINGTON, FL 334146177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Todd A. Welliver, M.D. 10454 Polo Lake Drive West Wellington, FL 33414-6181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Todd Welliver</i>			3/25/07    561-867-8369		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date      Daytime Phone #</small>		