

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000086696

FILED
Jul 22, 2008
Secretary of State**Entity Name:** SCHEDULEMD L.L.C.**Current Principal Place of Business:**5551 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33067**New Principal Place of Business:**4045 NW 6TH STREET
DEERFIELD BEACH, FL 33442**Current Mailing Address:**4045 NW 6TH ST.
DEERFIELD BEACH, FL 33442**New Mailing Address:****FEI Number:** 33-1144050**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLEIT, KAIN, GIBBONS, GUTMAN, BONGINI,
C/O ROBERT C. KAIN, JR. ATTORNEY AT LAW
750 SE THIRD AVE STE 100
FT LAUDERDALE, FL 333161153 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGRM () Delete
Name: CARMEN, ALAN J
Address: 4045 NW 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442**Title:** MGR (X) Delete
Name: PELTA, ELY D MD
Address: 5551 N. UNIVERSITY DRIVE, SUITE 102
City-St-Zip: CORAL SPRINGS, FL 33067**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: ALAN J. CARMEN

MGRM

07/22/2008

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