2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L06000097964

Entity Name: MEDFI INTERNATIONAL, LLC

Current Principal Place of Business:

15500 NEW BARN ROAD, SUITE 205
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15500 NEW BARN ROAD, SUITE 205
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-1142077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATZNER, GARY C
C/O AKERMAN SENTERFITT
1 S.E. THIRD AVE., 25TH FLOOR
MIAMI, FL 33131 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:	MGR	( ) Delete
Name:	GUTCHER, LAURENCE	
Address:	15500 NEW BARN ROAD, SUITE 205	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	MGR	(X) Delete
Name:	ANGELONE, DAVID	
Address:	15500 NEW BARN ROAD, SUITE 205	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	CPS	(X) Delete
Name:	GUTCHER, LAURENCE	
Address:	15500 NEW BARN ROAD, SUITE 205	
City-St-Zip:	MIAMI LAKES, FL 33014	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JEAN EDWARDS SEC 04/23/2009

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