

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119102

Entity Name: MED TRAVEL WORLD, LLC

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

8618 NW 44TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

5367 NOB HILL ROAD
SUNRISE, FL 33351

Current Mailing Address:

8618 NW 44TH STREET
SUNRISE, FL 33351

New Mailing Address:

5367 NOB HILL ROAD
SUNRISE, FL 33351

FEI Number: 20-8047783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, JOSEPH C
12952 NW 23 STREET
PEMBROKE PINES, FL 33028 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: JAMES, JOSEPH C
Address: 12952 NW 23 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: MATHEW, STEPHEN DR
Address: 11048 NASHVILLE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: MGR () Delete
Name: THOMAS, VINCENT
Address: 424 COLTS RUN ROAD
City-St-Zip: WILLIAMSTOWN, NJ 08094

Title: MGR () Delete
Name: PULLATTU, THOMAS
Address: 8618 NW 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: SEBASTIAN, ANTONY
Address: 107 ELEANOR DRIVE
City-St-Zip: KENDAL PARK, NJ 08824

Title: MGR () Delete
Name: LUKA, THOMAS
Address: 210 SW 167 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: JOSEPH C. JAMES

MGRM

05/08/2008

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