

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119102

FILED  
May 08, 2008  
Secretary of State

Entity Name: MED TRAVEL WORLD, LLC

**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  
Name:  
Address:  
City-St-Zip:

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: JOSEPH C. JAMES

MGRM

05/08/2008

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