

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121532

Entity Name: MY MEDICAL RECORDS, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

1200 PROVIDENCE BLVD.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1200 PROVIDENCE BLVD.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGH ALERT, LLC
1200 PROVIDENCE BLVD.
KISSIMMEE, FL 34744 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: HIGH ALERT, LLC,
Address: 1200 PROVIDENCE BLVD
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MGR () Delete
Name: MILLER, ARNOLD
Address: 4240 CAMBRIDGE CT.
City-St-Zip: BEACHWOOD, OH 44122 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GOODMAN, ARNOLD
Address: 4240 CAMBRIDGE CT.
City-St-Zip: BEACHWOOD, OH 44122 US

Title: MGR () Change (X) Addition
Name: GOODMAN, STEVEN
Address: 4240 CAMBRIDGE CT.
City-St-Zip: BEACHWOOD, OH 44122 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAURICE A. RAMIREZ

MGR

01/03/2007

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