

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041350

Entity Name: MEDICAL 2M LC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

8005 SW 107TH AVE
106
MIAMI, FL 33173 US

New Principal Place of Business:

6720 NW 72ND AVENUE
MIAMI, FL 33166 US

Current Mailing Address:

PO BOX 523223
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 20-8858866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAZUR, RICARDO M
8005 SW 107TH AVENUE
106
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MAZUR, RICARDO M
915 N W 1STR AVENUE
H711
MIAMI, FL 33136 US

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: RMM

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAZUR, RICARDO M
Address: 8005 SW 107TH AVENUE #106
City-St-Zip: MIAMI, FL 33173 US

Title: MGR () Delete
Name: MONTERO, GUSTAVO D
Address: 8005 SW 107TH AVENUE #106
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAZUR, RICARDO M
Address: 915 NW 1ST AVENUE H711
City-St-Zip: MIAMI, FL 33136 US

Title: MGR (X) Change () Addition
Name: MONTERO, GUSTAVO D
Address: 915 NW 1ST AVENUE H711
City-St-Zip: MIAMI, FL 33136 US

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: RMM

MGR

04/29/2008

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