2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L07000049050

Entity Name: MEDICAL INFORMATION BANK, LLC

Current Principal Place of Business:

355 MONROE DRIVE, #203
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

355 MONROE DRIVE, #203
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 26-1817591 **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:

HANAN, BENJAMIN R
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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:	STEIN, DANIEL P	
Address:	355 MONROE DRIVE, #203	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGR	( ) Delete
Name:	STEIN, BARRY	
Address:	355 MONROE DRIVE, #203	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGR	( ) Delete
Name:	HANAN, BENJAMIN R	
Address:	355 MONROE DRIVE, #203	
City-St-Zip:	SARASOTA, FL 34236	
Title:	MGR	( ) Delete
Name:	LOCKWOOD, JACOB	
Address:	355 MONROE DRIVE, #203	
City-St-Zip:	SARASOTA, FL 34236	

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:	

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: DANIEL P. STEIN MGR 06/25/2009

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