2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 14, 2008 8:00 am
Secretary of State
02-11-2008 90134 035 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000051498

1. Entity Name
MEDICAL CONSULTINGS LLC

Principal Place of Business	Mailing Address
230 COLIMA COURT, UNIT 926 PONTE VEDRA BEACH, FL 32082	230 COLIMA COURT, UNIT 926 PONTE VEDRA BEACH, FL 32082
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0140873 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFORNY, IRINA
230 COLIMA COURT, UNIT 926
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFFORNY, IRINA 230 COLIMA COURT, UNIT 926 PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Irina Rufforny 2/6/08
[signature] Irina Rufforny 3/11/08