2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055217

Entity Name: MC MEDICAL MANAGEMENT, LLC

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:	cipal Place of Business:
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4495 NW 1ST TERRACE POMPANO BEACH, FL 33064

Current Mailing Address: New Mailing Address:

4495 NW 1ST TERRACE 1800 WEST HILLSBORO BLVD SUITE 205 DEERFIELD BEACH, FL 33442

FEI Number: 26-0236975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, MADELEINE CAMPBELL, MADELEINE MANAGER
4495 NW 1ST TERRACE 4495 NW 1ST TERRACE
POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 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: MADELEINE CAMPBELL 04/12/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete Title: MGMB () Change (X) Addition Name: RITTINGHOUSE, BRANDON G Address: 5110 NE 27TH AVE

City-St-Zip: City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Delete Title: MGMB () Change (X) Addition

 Name:
 Name:
 GILLESPIE, MOIRA J

 Address:
 Address:
 4020 NW 70TH AVE

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33065

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: MADELEINE CAMPBELL MGR 04/12/2008