2008 LIMITED LIABILITY COMPANY

Jul 28, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L07000059086 07-28-2008 90075 010 ***138.75 MEDÍVISION CONSULTANTS, LLC Mailing Address Principal Place of Business 60045811 1201 S. OCEAN DRIVE 1201 S. OCEAN DRIVE STE S-1809 STE S-1809 HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 3. Mailing Address 1201 S. OCEAN DRIVE 2. Principal Place of Business - No P.O. Box # 1201 S. OCEAN DRIVE Ste 5-802 STE 5-802 07212008 Chg-LLC CR2E083 (12/06) 4. FEI Number 8405835. Applied For FL HOLLY WOOD Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASABIANCA, XIMENA Street Address (P.O. Box Number is Not Acceptable) 1201 S. OCEAN DRIVE CHANGE TO __ **►**STE S-802 STE S-1809~ HOLLYWOOD, FL 33019 City Zip Code FL 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 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State 9. , MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR MGR TITLE Delete TITLE Change ☐ Addition CASABIANCA, XIMENA 1201 S. CLEAN DRIVE, STE S-802 CASABIANCA, XIMENA NAMP NAME STREET ADDRESS 1201 S. OCEAN DRIVE, STE S-1809 STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP MGR MGR ☐ Delete TITLE TITLE Change Addition LENTINI, MARTHA A. 1201 S. OCEAN DRIVE, STES-802 LENTINI MARTHA A NAME NAME STREET ADDRESS 1201 S. OCEAN DRIVE, STE S-1809 STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7121/08 Daytime Phone #

FILED