

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070480

Entity Name: MEDICOLLAB, LLC

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

240 SUNSET ROAD  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

2605 WEST ATLANTIC AVE  
SUITE D-204  
DELRAY BEACH, FL 33445

## Current Mailing Address:

240 SUNSET ROAD  
WEST PALM BEACH, FL 33401

## New Mailing Address:

2605 WEST ATLANTIC AVE  
SUITE D-204  
DELRAY BEACH, FL 33445

FEI Number: 26-0491415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRASSWIMMER, JOHN M DR  
240 SUNSET ROAD  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

STRASSWIMMER, JOHN M DR  
2605 WEST ATLANTIC AVE  
DELRAY BEACH, FL 33445 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: JOHN STRASSWIMMER

01/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PD ( ) Delete  
Name: STRASSWIMMER, JOHN M  
Address: 240 SUNSET RD  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

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: JOHN STRASSWIMMER

PD

01/15/2009

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