

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071441

FILED
Feb 11, 2009
Secretary of State

Entity Name: MEDCHOICE OF AIRPORT, L.L.C.

Current Principal Place of Business:

3628 NW 7 STREET
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 141799
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 26-0505104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, ANGEL D
780 NW 42 AVENUE
SUITE 416
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CORDOVA, ANGEL D
782 NW 42 AVENUE
SUITE 340
MIAMI, FL 33126 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:

02/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAZ, MARIA D.O.
Address: 9415 NE 6 AVENUE
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MGR () Delete
Name: CARBALLOSA, MARIA A M.D.
Address: 3628 NW 7 STREET
City-St-Zip: MIAMI, FL 33125 US

Title: MGR () Delete
Name: DIAZ, EVA R.N.
Address: 9415 NE 6 AVENUE
City-St-Zip: MIAMI SHORES, FL 33138 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: REGALADO, RICARDO L
Address: PO BOX 141799
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR (X) Change () Addition
Name: DIAZ, ISABELLE
Address: PO BOX 141799
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR (X) Change () Addition
Name: CARBALLOSA, MARIA A M.D.
Address: PO BOX 141799
City-St-Zip: CORAL GABLES, FL 33114 US

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: RICARDO L. REGALADO

PRES

02/11/2009

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