

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095859

FILED  
May 01, 2008  
Secretary of State

Entity Name: MEDICNOLOGY LLC

**Current Principal Place of Business:**

204 LAKELAND AVE  
SAYVILLE, NY 11782 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 161  
WEST SAYVILLE, NY 11796 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ENGELS, EDWARD  
58 GRACIE ROAD  
DEBARY, FL 32713 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWMAN, GARY  
Address: PO BOX 161  
City-St-Zip: WEST SAYVILLE, NY 11796

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: NEWMAN, GARY  
Address: POBOX 161  
City-St-Zip: WEST SAYVILLE, NY 11796

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: NEWMAN GARY

MGR

05/01/2008

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