2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L07000100299

Entity Name: MEDICAL CONSULTANTS MANAGEMENT, LLC

Current Principal Place of Business:

601 UNIVERSITY BOULEVARD, SUITE 206
JUPITER, FL 33458

New Principal Place of Business:

601 UNIVERSITY BOULEVARD
SUITE 206
JUPITER, FL 33458

Current Mailing Address:

601 UNIVERSITY BOULEVARD, SUITE 206
JUPITER, FL 33458

New Mailing Address:

PO BOX 69
JUPITER, FL 33468-006

FEI Number: 26-1179815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIKARA, MAZIN
601 UNIVERSITY BOULEVARD, SUITE 206
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

SHIKARA, MAZIN
601 UNIVERSITY BOULEVARD
SUITE 206
JUPITER, FL 33458 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: _____ 03/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHIKARA, MAZIN
Address: 601 UNIVERSITY BOULEVARD, SUITE 206
City-St-Zip: JUPITER, FL 33458

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: MAZIN SHIKARA DR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date