2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058956

Address:

City-St-Zip:

1209 MACON DRIVE

TITUSVILLE, FL 32781 US

Entity Name: MEDICAL TRAVEL SOLUTIONS, LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 23336 KEY LARGO LOOP LAND O LAKES, FL 34639 US **Current Mailing Address: New Mailing Address:** 23336 KEY LARGO LOOP LAND O LAKES, FL 34639 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REVENUE CYCLE CONSULTING GROUP, INC. 23336 KEY LARGO LOOP LAND O LAKES, FL 34639 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGMR Title: () Change () Addition () Delete REVENUE CYCLE CONSULTING GROUP, INC. Name: Name: Address: 23336 KEY LARGO LOOP Address: City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: C&L HOLDINGS, LLC 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: DAVID J. GUNSTEENS MGRM 04/10/2009