## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064671

Entity Name: MEDICAL BIZ SOLUTIONS, LLC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4807 NW 72 PL 4400 W SAMPLE RD

COCONUT CREEK, FL 33073 106

COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

4807 NW 72 PL 336 DAYLILY DR

COCONUT CREEK, FL 33073 LEXINGTON, SC 29072

FEI Number: 26-2912358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WONG, ELLEN R 4807 NW 72 PL WONG, ELLEN R 4400 W SAMPLE RD

COCONUT CREEK, FL 33073 US 106 COCONUT CREEK, FL 33073 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: ELLEN R WONG 04/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRAUNER, JULIA
 Name:

 Address:
 3775 PEBBLEBROOK COURT
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 WONG, ELLEN R
 Name:
 WONG, ELLEN R

 Address:
 4807 NW 72 PL
 Address:
 336 DAYLILY DRIVE

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 LEXINGTON, SC 29072

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: ELLEN R WONG MGMR 04/21/2009