

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076478

FILED
Mar 23, 2009
Secretary of State

Entity Name: MDINTELLESYS, LLC

Current Principal Place of Business:

253B PINE AVENUE NORTH
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

253B PINE AVENUE NORTH
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 26-3139171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EXTENSYS, INC.
900 15TH STREET
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

EXTENSYS, INC.
253 PINE AVE BLDG B
OLDSMAR, FL 34677 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EXTENSYS, INC.,
Address: 900 15TH STREET
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM () Delete
Name: INTELLEMED, INC.,
Address: 1811 NORTH BELTCHER RD, SUITE H2
City-St-Zip: CLEARWATER, FL 33765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EXTENSYS, INC.,
Address: 253 PINE AVE N, BLDG B
City-St-Zip: OLDSMAR, FL 34677 US

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: ROLAND FEIJOO

P

03/23/2009

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