

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086391

Entity Name: MEDI HELP LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

1825 MAIN STREET, SUITE 2000  
WESTON, FL 33326

**New Principal Place of Business:**

1112 WESTON ROAD SUITE 144  
WESTON, FL 33326

**Current Mailing Address:**

1825 MAIN STREET, SUITE 2000  
WESTON, FL 33326

**New Mailing Address:**

1112 WESTON ROAD SUITE 144  
WESTON, FL 33326

FEI Number: 90-0445911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

YANEZ, PETER  
1825 MAIN STREET, SUITE 2000  
WESTON, FL 33326      US

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

YANEZ, PETER  
1112 WESTON ROAD  
144  
WESTON, FL 33326      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:

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: YANEZ, PETER  
Address: 1825 MAIN STREET, SUITE 2000  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: YANEZ, PETER  
Address: 1112 WESTON ROAD, SUITE 144  
City-St-Zip: WESTON, FL 33326

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: PETER YANEZ

MNGR

05/01/2009

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