

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111760

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: MEDICAL COURIERS OF FLORIDA LLC

**Current Principal Place of Business:**

5961 NW 2ND AVENUE  
206  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5961 NW 2ND AVENUE  
206  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ACTONY II INC  
5961 NW 2ND AVENUE  
206  
BOCA RATON, FL 33487 US

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

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:**

Title: MGRM ( ) Delete  
Name: ACTONY II INC,  
Address: 5961 NW 2ND AVENUE STE 206  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MEDICAL COURIER SERV, ICES, INC.  
Address: 5280 NW 2ND AVENUE STE 212  
City-St-Zip: BOCA RATON, FL 33487

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: ANTHONY KOGAN

MGRM

02/21/2009

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