

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111760

**FILED**  
**Jan 09, 2010**  
**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:** 26-3822574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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:**

ANTHONY KOGAN  
5961 NW 2ND AVENUE  
206  
BOCA RATON, FL 33487 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: ANTHONY KOGAN

01/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: ANTHONY KOGAN  
Address: 5961 NW 2ND AVENUE STE 206  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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

01/09/2010

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