subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 AM 11:28

FILING FEE	Annual Report $100.00 + $ 00.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000664

Eisenhower Medical Passport, L.C.
21045 Commercial Trail
Boca Raton, FL 33486 USA

1a. Principal Place of Business Address
21045 Commercial Trail
Boca Raton, FL 33486 USA

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZIP | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
ZIP | Country

3. Date Organized or Qualified: 06/18/1997
3a. State of Formation: Florida

4. FEI Number: 65-0764341
☐ Applied For
☐ Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired
$ 30 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Sprinkle, Philip M. II, Esquire
777 South Flagler Drive
Suite 900, East Tower
West Palm Beach, FL 33401 USA

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City: FL. Zip Code:

9. Pursuant to the provisions of Sections 608.407 and 608.409 Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and I accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent signature required) (NOTE: Registered Agent's signature required when changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MSF International, Inc.	454 South Beach Road	Jupiter Island, FL 33455
MGRM	Belford, Andrew	150 North Beach Road	Jupiter Island, FL 33455

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****188.75 ****188.75

11. I declare to the best of my knowledge and belief, the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Andrew Belford, (561)
Manager/Member 6-1-98 347-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER(S) Date Daytime Phone #

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