

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001584

FILED
Mar 11, 2005
Secretary of State

Entity Name: DELTRAN MEDICAL INFORMATION MANAGEMENT SYSTEMS LLC

Current Principal Place of Business:

2735 E. DELLWOOD DRIVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

2735 E. DELLWOOD DRIVE
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-3527714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIE, DELROSE
2735 E. DELLWOOD DRIVE
EUSTIS, FL 32726 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/MEMBERS:

Title: MGRM () Delete
Name: LYONS-MORGAN, VELMOUR
Address: 3 TANGERINE PLACE, KINSTON 10, JAMAICA
City-St-Zip: WEST INDIES,

Title: MGRM () Delete
Name: MORGAN, WADE
Address: 3 TANGERINE PLACE, KINSTON 10, JAMAICA
City-St-Zip: WEST INDIES,

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DELROSE TOBIE

MRS.

03/11/2005

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