

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001584

FILED
Aug 16, 2007
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:

24615 SE HIGHWAY 450
UMATILLA, FL 32784

Current Mailing Address:

2735 E. DELLWOOD DRIVE
EUSTIS, FL 32726

New Mailing Address:

24615 SE HIGHWAY 450
UMATILLA, FL 32784

FEI Number: 59-3527714 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:

COX, LINDA
24615 SE HIGHWAY 450 E
UMATILLA, 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/MANAGERS:

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

Title: MGRM (X) Delete
Name: COX, LINDA
Address: 24615 SE HIGHWAY 450
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COX, LINDA S
Address: 24615 SE HIGHWAY 450
City-St-Zip: UMATILLA, FL 32784

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

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: LINDA COX

MGRM

08/16/2007

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