2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

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Entity Name: INSURANCE MEDICAL EXPERTS, L.L.C.

Current Principal Place of Business:

2061 N.W. BOCA RATON BLVD., SUITE 207
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2061 N.W. BOCA RATON BLVD., SUITE 207
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0931995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, STEVEN
2061 N.W. BOCA RATON BLVD., SUITE 207
BOCA RATON, FL 33431 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: LEVINE, STEVEN
Address: 2061 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: LEVINE, BARBARA
Address: 2061 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: STOPEK, RICHARD
Address: 2061 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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 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: STEVEN LEVINE MGRM 01/09/2006

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