

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000007008

**FILED**  
**Jan 06, 2008**  
**Secretary of State**

**Entity Name:** MEDARC LLC

**Current Principal Place of Business:**

2741 VISTA WAY #105  
C/O ROBERT J MINTZ ESQ.  
OCEANSIDE, CA 92054

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 643749  
VERO BEACH, FL 32964

**New Mailing Address:**

**FEI Number:** 77-0630080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUSZAR, LESLIE A MD  
787 37TH STREET SUITE E-120  
VERO BEACH, FL 32960 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: HUSZAR, BRIAN A  
Address: 2741 VISTA WAY #105  
City-St-Zip: OCEANSIDE, CA 92054

Title: MGRM ( ) Delete  
Name: HUSZAR, LESLIE A  
Address: 2741 VISTA WAY #105  
City-St-Zip: OCEANSIDE, CA 92054

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUSZAR, LESLIE A  
Address: 787 37TH STREET E-120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM (X) Change ( ) Addition  
Name: HUSZAR, KATHY  
Address: 787 37TH STREET E-120  
City-St-Zip: VERO BEACH, FL 32960

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: LESLIE HUSZAR

DR.

01/06/2008

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