

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006018

FILED
May 01, 2009
Secretary of State

Entity Name: MEDICAL INTUITION TECHNOLOGIES, LLC

Current Principal Place of Business:

3934 CEDAR CAY CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

510 VONDERBURG DRIVE
SUITE 202
BRANDON, FL 33511

Current Mailing Address:

3934 CEDAR CAY CIRCLE
VALRICO, FL 33594

New Mailing Address:

510 VONDERBURG DRIVE
SUITE 202
BRANDON, FL 33511

FEI Number: 51-0565901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BOOHOF, ALEKSEY
3934 CEDAR CAY CIRCLE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BOOHOF, ALEKSEY
510 VONDERBURG DRIVE
SUITE 202
BRANDON, FL 33511 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOOHOF, ALEKSEY
Address: 3934 CEDAR CAY CIRCLE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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: ALEKSEY BOOHOF

MRG

05/01/2009

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