2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006411

City-St-Zip:

MARIETTA, GA 300626699

Entity Name: MEDICAL MAZE SOLUTIONS, LLC

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2112 EASTMAN AVENUE, SUITE 112 VENTURA, CA 93003 **Current Mailing Address: New Mailing Address:** 2112 EASTMAN AVENUE, SUITE 112 VENTURA, CA 93003 FEI Number: 20-5809353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHREE, DAVID 5470 BUSCH BLVD., SUITE 428 TEMPLE TERRACE, FL 33617 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HANSEN, PAT Name: Name: Address: 2112 EASTMAN AVENUE, SUITE 112 Address: City-St-Zip: VENTURA, CA 93003 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MURPHREE, DAVID Name: Address: 5470 BUSCH BLVD., SUITE 428 Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MEEKS, LISA Name: Name: 2934 HOLLY POINTE CT. Address: Address:

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.

City-St-Zip:

SIGNATURE: AMY HOGUE MGR 03/23/2007