


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 '08:00 AM
Secretary of State

DOCUMENT # M06000007034 1. Entity Name THE MEI HEALTHCARE GROUP, LLC	
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Principal Place of Business 11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065	Mailing Address 11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4269789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALTZER, GORDON
11772 WEST SAMPLE ROAD, SUITE 101
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

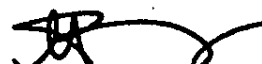
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHCROFT HOLDINGS, INC. 11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAM & VIRGINIA MOTI TRUST 280 MIRABEAU PLACE GROSSE POINTE, MI 48236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000830680
02/25/08-80092-024 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **President** **Feb 11/08** **954-341-3302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #