

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000005078

Entity Name: MEDCASH, LLC

**FILED**  
**Jun 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20283 STATE ROAD 7, SUITE 109  
BOCA RATON, FL 33498

**New Principal Place of Business:**

4600 LINTON BLVD  
320  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

20283 STATE ROAD 7, SUITE 109  
BOCA RATON, FL 33498

**New Mailing Address:**

4600 LINTON BLVD  
320  
DELRAY BEACH, FL 33445

FEI Number: 27-1560336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEF FINANCE, LLC  
20283 STATE ROAD 7, SUITE 109  
BOCA RATON, FL 33498 US

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

NEF FINANCE, LLC  
4600 LINTON BLVD  
320  
DELRAY BEACH, FL 33445 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: ROSS ELGART

06/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NEF FINANCE, LLC  
Address: 4600 LINTON BLVD, SUITE 320  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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: ROSS ELGART

MGR

06/07/2010

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