

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074554

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** FREEPORT CLINICS, L.L.C.

**Current Principal Place of Business:**

POST OFFICE BOX 289  
FREEPORT, FL 32439

**New Principal Place of Business:**

2734 E COUNTY HIGHWAY 30A  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

POST OFFICE BOX 289  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 20-3229184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMICH, KEVIN M  
4481 LEGENDARY DRIVE, SUITE 200  
DESTIN, FL 32541 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: MGR ( ) Delete  
Name: IGNASIAK, TERESA P  
Address: POST OFFICE BOX 289  
City-St-Zip: FREEPORT, FL 32439

**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: TERESA P IGNASIAK

MGR

04/17/2008

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