

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074554

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

POST OFFICE BOX 289  
FREEPORT, FL 32439

**New Mailing Address:**

POST OFFICE BOX 289  
FREEPORT, FL 32439 US

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:**

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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: KEVIN M. HELMICH

04/30/2009

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: MGR (X) Change ( ) Addition  
Name: IGNASIAK, TERESA P  
Address: POST OFFICE BOX 289  
City-St-Zip: FREEPORT, FL 32439 US

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

04/30/2009

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