

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021369

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** TELADVOCATE COMMUNICATIONS, LLC

**Current Principal Place of Business:**

26852 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

3820 MARYWEATHER LANE, SUITE 102  
WESLEY CHAPEL, FL 33544 US

**Current Mailing Address:**

26852 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

3820 MARYWEATHER LANE, SUITE 102  
WESLEY CHAPEL, FL 33544 US

FEI Number: 20-4525459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLAND, MICHAEL  
26852 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33544 US

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

BOLAND, MICHAEL  
3820 MARYWEATHER LANE, SUITE 102  
WESLEY CHAPEL, FL 33544 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: MICHAEL BOLAND

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOLAND, MICHAEL  
Address: 26852 WINGED ELM DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOLAND, MICHAEL  
Address: 3820 MARYWEATHER LANE, SUITE 102  
City-St-Zip: WESLEY CHAPEL, FL 33544 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: MICHAEL BOLAND

PRES

03/31/2009

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