

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082532

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** EVANSVILLE MEDICAL LLC

**Current Principal Place of Business:**

4800 LINTON BOULEVARD  
A201  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

2240 SLOANE PLACE  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

2240 SLOANE PLACE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 20-5412473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEREK A. SCHWARTZ, P.A.  
2385 EXECUTIVE CENTER DRIVE  
SUITE 190  
BOCA RATON, FL 33431 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: MGRM  
Name: MEADOWS, MICHAEL L  
Address: 2240 SLOANE PLACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM  
Name: MEADOWS, STEVE E  
Address: 2240 SLOANE PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: KAMINSKY, RONALD S  
Address: 2240 SLOANE PLACE  
City-St-Zip: WELLINGTON, FL 33414

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: MICHAEL MEADOWS

MGRM

03/24/2010

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