

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114752

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** BIANCHI PREVENTATIVE HEALTHCARE AND TREATMENT, LLC

**Current Principal Place of Business:**

13241 BARTRAM PARK BLVD  
SUITE 409  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

13241 BARTRAM PARK BLVD  
SUITE 409  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

**FEI Number:** 84-1719865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PERRINE, ROSANNE P  
100 EXECUTIVE WAY  
SUITE 112  
PONTE VEDRA BEACH, FL 32082 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 ( ) Delete  
**Name:** BIANCHI, PATRICK D  
**Address:** 13241 BARTRAM PARKE BLVD SUITE 413  
**City-St-Zip:** JACKSONVILLE, FL 32258 US

**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: PATRICK D. BIANCHI      MGRM      04/25/2009

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