

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111011

FILED
Jan 20, 2010
Secretary of State

Entity Name: 441 OFFICE PARTNERS, LLC

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Mailing Address:

FEI Number: 26-1357218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DALTON, WILLIAM COO
3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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: WILLIAM DALTON

01/20/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: VEDERE, AMARNATH M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: FOUCAULD, JEAN M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: VENUGOPAL, CHANDRA M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: SHAH, NEERAV M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: MELHADO, MAURICIO M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

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: AMARNATH VEDERE, MD

MGR

01/20/2010

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