

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096253

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUTOMATED PATIENT COMMUNICATION SERVICES LLC

Current Principal Place of Business:

11328 RIDGE ROAD, SUITE 78
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

11328 RIDGE ROAD, SUITE 78
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 26-3520994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANTON, NICHOLAS D
220 E CENTRAL PKWY STE 1020
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HOOD, CHRISTOPHER W PRES
9992 LAKE SEMINOLE DR. W
LARGO, FL 33773 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: CHRISTOPHER W. HOOD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, DARIUS
Address: 11328 RIDGE ROAD, SUITE 78
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGRM () Delete
Name: HOOD, CHRISTOPHER
Address: 9992 LAKE SEMINOLE DRIVE WEST
City-St-Zip: LARGO, FL 33773 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER W. HOOD

MGRM

04/30/2009

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