2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L08000101700

Entity Name: MOBILE MEDIC RECERTIFICATIONS P.L.

Current Principal Place of Business:

489 CORAL WAY
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

489 CORAL WAY
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-3637455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: FLYNT, JOHN E
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: FLYNT, JOHN E
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134 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: JOHN E. FLYNT PRES 03/31/2009

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