

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003305

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** CONCEPT MEDICAL REALTY, L.C.

**Current Principal Place of Business:**

15823 72ND DRIVE NORTH  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

15823 72ND DRIVE NORTH  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0890511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete  
Name: KEIPPER, WARREN C  
Address: 15823 72ND DRIVE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KEIPPER, WARREN C  
Address: 7988 KYLE ROAD N.W.  
City-St-Zip: ALBUQUERQUE, NM 87120 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: WARREN C. KEIPPER

MGR

03/05/2009

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