

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007598

Entity Name: NFOFS HOLDINGS, L.L.C.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

4131 UNIVERSITY BLVD SOUTH
BLDG 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 UNIVERSITY BLVD SOUTH
BLDG 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3681862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTLEY, GREGORY W DMD
4131 UNIVERSITY BLVD S.
#1
JACKSONVILLE, FL 32216 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: HARTLEY, GREGORY W DMD
Address: 4131 UNIVERSITY BLVD., STE #1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: WOODS, DAVID D DMD
Address: 4131 UNIVERSITY BLVD., STE #1
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: O'BRIEN, DAVID A DMD
Address: 4131 UNIVERSITY BLVD., STE #1
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

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: GREGORY W. HARTLEY, DMD

MGRM

02/12/2009

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