

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 040 \*\*\*138.75

60020711



02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3661208

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DUFFY, JOHN F PHD  
4400 BAYOU BLVD., STE 51  
PENSACOLA, FL 32503

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CRUZ, JACOBO A MD  
STREET ADDRESS 4400 BAYOU BLVD. #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE MGRM ☐ Delete  
NAME HIRSCHORN, STEPHEN I PHD  
STREET ADDRESS 4400 BAYOU BLVD. #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE MGRM ☐ Delete  
NAME DUFFY, JOHN F  
STREET ADDRESS 4400 BAYOU BLVD. #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE MGRM ☐ Delete  
NAME MOBLEY, LAWRENCE E  
STREET ADDRESS 4400 BAYOU BLVD. #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Change ☐ Addition  
NAME DUFFY, JOHN F PHD  
STREET ADDRESS 4400 BAYOU BLVD, #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE MGRM ☒ Change ☐ Addition  
NAME MOBLEY, LAWRENCE E MD  
STREET ADDRESS 4400 BAYOU BLVD, #51  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/03/2008

Date

850-484-8344

Daytime Phone #