

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015382

FILED
Mar 20, 2009
Secretary of State

Entity Name: CORNERSTONE MEDICAL CARE OF BRANDON, P.L.

Current Principal Place of Business:

500 VONDERBURG DRIVE
EAST TOWER, SUITES 101-102
BRANDON, FL 335115968 US

New Principal Place of Business:

Current Mailing Address:

500 VONDERBURG DRIVE
EAST TOWER, SUITE 102
BRANDON, FL 335115968 US

New Mailing Address:

FEI Number: 59-3689019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUMPANO, ANTONIO V
500 VONDERBURG DR, STE 102
BRANDON, FL 33511 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: ANTONIO V ZUMPANO MD, PA
Address: 500 VONDERBURG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: JULIO A ENRIQUEZ MD, PA
Address: 500 VONDERBURG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: ANDREW C DALEY MD PA,
Address: 500 VONDERBURG DR #102
City-St-Zip: BRANDON, FL 33511 US

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: ANTONIO V ZUMPANO

MGRM

03/20/2009

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