

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005074

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** PATIENT CARD DESIGN CENTER, LLC

**Current Principal Place of Business:**

2017 MERLIN COURT  
NAPLES, FL 34105

**New Principal Place of Business:**

3901 GORDON DRIVE  
NAPLES, FL 34102

**Current Mailing Address:**

2017 MERLIN COURT  
NAPLES, FL 34105

**New Mailing Address:**

3901 GORDON DRIVE  
NAPLES, FL 34102

**FEI Number:** 59-3709402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, CYNDE C  
2017 MERLIN COURT  
NAPLES, FL 34105 US

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

DAVIS, CYNDE C  
3901 GORDON DRIVE  
NAPLES, FL 34102 US

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:**

03/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, CYNDE C MRS.  
Address: 2017 MERLIN COURT  
City-St-Zip: NAPLES, FL 34105

Title: MGR ( ) Delete  
Name: DAVIS, DAVID B MR  
Address: 2017 MERLIN COURT  
City-St-Zip: NALES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, CYNDE C MRS.  
Address: 3901 GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, DAVID B MR  
Address: 3901 GORDON DRIVE  
City-St-Zip: NALES, FL 34102

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:** CYNDE C DAVIS

MGR

03/27/2008

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