2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# L01000005074

Entity Name: PATIENT CARD DESIGN CENTER, LLC

Current Principal Place of Business:

3901 GORDON DRIVE
NAPLES, FL 34102

New Principal Place of Business:

2610 BULRUSH LANE
NAPLES, FL 34105 US

Current Mailing Address:

3901 GORDON DRIVE
NAPLES, FL 34102

New Mailing Address:

2610 BULRUSH LANE
NAPLES, FL 34105 US

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
3901 GORDON DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

DAVIS, CYNDE C
2610 BULRUSH LANE
NAPLES, FL 34105 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: 01/06/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DAVIS, CYNDE C MRS.
Address: 2610 BULRUSH LANE
City-St-Zip: NAPLES, FL 34105 US

Title: MGR
Name: DAVIS, DAVID B MR
Address: 2610 BULRUSH LANE
City-St-Zip: NAPLES, FL 34105 US

I hereby 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 Statues.

SIGNATURE: CYNDE C DAVIS MGRM 01/06/2010

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