2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L01000005126

Entity Name: FRANK WARREN TOUB, M.D., P.L.C.

Current Principal Place of Business:

501 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

501 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3715258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK WARREN TOUB, M.D.
501 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

TOUB, FRANK W MD
501 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 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: FRANK W TOUB 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRANK WARREN TOUB, M.C.
Address: 501 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

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: FRANK W TOUB PRES 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date