

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006880

Entity Name: FIRST LINK MEDICAL, LLC

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

2938 WEST BAY DRIVE SUITE B
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

118 15TH STREET
BELLEAIR BEACH, FL 33786

Current Mailing Address:

2938 WEST BAY DRIVE SUITE B
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

118 15TH STREET
BELLEAIR BEACH, FL 33786

FEI Number: 59-3718700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDERSON, MARY JO
2938 WEST BAY DRIVE SUITE B
BELLEAIR BLUFFS, FL 33774 US

Name and Address of New Registered Agent:

HENDERSON, MARY JO
118 15TH STREET
BELLEAIR BEACH, FL 33786 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:

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDERSON, MARY J
Address: 118 - 15TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGR () Delete
Name: GARCIA LEYVA, GISELA
Address: 107 28TH AVE
City-St-Zip: ST PETERSBURG, FL 33706

Title: MGR () Delete
Name: LEON, TONY
Address: 45 CENTRAL COURT
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENDERSON, MARY J
Address: 118 - 15TH STREET
City-St-Zip: BELLEAIR BEACH, FL 33786 US

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: MARY J HENDERSON

MGRM

08/31/2009

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