

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007552

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: OCEAN SPORTS MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

2090 PALM BEACH LAKES BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2090 PALM BEACH LAKES BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

PO BOX 542566  
LAKE WORTH, FL 33454

FEI Number: 65-1102662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAFARELLI, DAVID  
2090 PALM BEACH LAKES BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409 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: MGR ( ) Delete  
Name: CAFARELLI, DAVID D.C.  
Address: 2090 PALM BEACH LAKES BLVD, SUITE 205  
City-St-Zip: WEST PALM BEACH, FL 33409

**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: DAVID CAFARELLI

MGR

04/03/2009

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