

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011682

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOLOMON & SOLOMON MEDICAL CLINIC LLC

Current Principal Place of Business:

1600 N. STATE ROAD 7
SUITE 200
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

1600 N. STATE ROAD 7
SUITE 200
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0905871 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLOMON, VALERIE T
14500 LURAY ROAD
SOUTHWEST RANCHES, FL 33330 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: SOLOMON, IRWIN
Address: 14500 LURAY ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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: VALERIE SOLOMON

MD

04/30/2009

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