

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003082

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED DIABETES TREATMENT CENTERS OF FLORIDA, LLC

**Current Principal Place of Business:**

6400 CONGRESS AVE  
SUITE 1400  
BOCA RATON, FL 33487

**New Principal Place of Business:**

1601 CLINT MOORE ROAD  
SUITE 178  
BOCA RATON, FL 33487

**Current Mailing Address:**

6400 CONGRESS AVE  
SUITE 1400  
BOCA RATON, FL 33487

**New Mailing Address:**

1601 CLINT MOORE ROAD  
SUITE 178  
BOCA RATON, FL 33487

**FEI Number:** 75-2985765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAHOWALD, PAUL  
6400 CONGRESS AVE  
SUITE 1400  
BOCA RATON, FL 33487 US

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

MAHOWALD, PAUL  
1601 CLINT MOORE ROAD  
SUITE 178  
BOCA RATON, FL 33487 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:

03/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NACHLAS, NATHAN  
Address: 1601 CLINT MOORE ROAD, SUITE 178  
City-St-Zip: BOCA RATON, FL 33487

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 Statutes.

SIGNATURE: NATHAN NACHLAS

MGRM

03/11/2010

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