

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003515

Entity Name: JASSIR MEDICAL, L.L.C.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1405 S ORANGE AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560862
ORLANDO, FL 328560862 US

New Mailing Address:

FEI Number: 03-0387627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, JR., THOMAS F M.D.
1405 S ORANGE AVE
SUITE 601
ORLANDO, FL 32806 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: JASSIR, CARLOS M.D.
Address: 1405 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM () Delete
Name: WINTER, JR., THOMAS F
Address: 1405 S ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

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: THOMAS F. WINTERS, JR., M.D.

MGRM

04/08/2009

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