

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031614

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

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

3519 SW 86TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3519 SW 86TH ST.  
GAINESVILLE, FL 32608

**New Mailing Address:**

3519 SW 86TH ST  
GAINESVILLE, FL 32608

FEI Number: 04-3724072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAPA, PATRICK J  
3519 SW 86TH ST.  
GAINESVILLE, FL 32608 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: MGRM ( ) Delete  
Name: PAPA, PATRICK J  
Address: 3519 SW 86TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: SHAW, DANIEL M  
Address: 222 JOEY DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: SHAW, DANIEL M  
Address: 3519 SW 86TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

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: DANIEL M. SHAW

MR.

01/16/2008

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