

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031614

FILED  
Mar 22, 2009  
Secretary of State

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

## 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:

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: 3519 SW 86TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: PEDDIE, BRIAN E DR.  
Address: 405 NE 4TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

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: PATRICK J. PAPA

MR.

03/22/2009

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