2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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

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

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

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 Statues.

SIGNATURE: PATRICK J. PAPA MGR 01/05/2010

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