

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001966

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** COMPUTEROPATHY SPECIALISTS LLC

**Current Principal Place of Business:**

4610 POMPANO DRIVE  
TAMPA, FL 33617

**New Principal Place of Business:**

7114 WRENWOOD CIRCLE  
TAMPA, FL 33617

**Current Mailing Address:**

5470 E. BUSCH BLVD  
#426  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 43-1998193      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRYAN, EARL W  
4610 POMPANO DRIVE  
TAMPA, FL 33617    US

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

BRYAN, EARL W  
7114 WRENWOOD CIRCLE  
TAMPA, FL 33617    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:

01/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO      ( ) Delete  
Name: BRYAN, EARL W OWNER  
Address: 4610 POMPANO DRIVE  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: CEO      (X) Change ( ) Addition  
Name: BRYAN, EARL W OWNER  
Address: 7114 WRENWOOD CIRCLE  
City-St-Zip: TAMPA, FL 33617

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: EARL BRYAN

CEO

01/09/2008

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