

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001966

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** COMPUTEROPATHY SPECIALISTS LLC

**Current Principal Place of Business:**

7114 WRENWOOD CIRCLE  
TAMPA, FL 33617

**New Principal Place of Business:**

**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  
7114 WRENWOOD CIRCLE  
TAMPA, FL 33617 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: CEO  
Name: BRYAN, EARL W OWNER  
Address: 7114 WRENWOOD CIRCLE  
City-St-Zip: TAMPA, FL 33617

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 Statutes.

SIGNATURE: EARL W. BRYAN

CEO

02/12/2010

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