

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006509

Entity Name: RCL OF FLORIDA, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122 US

New Principal Place of Business:

Current Mailing Address:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, GARY
201 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEHMAN, GARY
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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:

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEHMAN, RICHARD C
Address: 333 SOUTH KIRKWOOD ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63122 US

ADDITIONS/CHANGES:

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

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: RICHARD C LEHMAN

MD

04/01/2009

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