

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007938

FILED
Feb 17, 2009
Secretary of State

Entity Name: MEDICAL PROFESSIONALS OF NORTH FLORIDA, P.L.

Current Principal Place of Business:

1301 PLANTATION ISLAND DR S.
SUITE 106 A
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1301 PLANTATION ISLAND DR S.
SUITE 106 A
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 01-0771781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARHAT, JAWAD
1301 PLANTATION ISLAND DRIVE S.
106 A
ST. AUGUSTINE, FL 32080 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: MGR () Delete
Name: FARHAT, JAWAD
Address: 1301 PLANTATION ISLAND DR. S. 106A
City-St-Zip: ST AUGUSTINE, FL 32080

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: JAWAD FARHAT

MGR

02/17/2009

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