

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021464

FILED
May 29, 2007
Secretary of State

Entity Name: THE MEMORY DOCTOR, LLC

Current Principal Place of Business:

221 N. HWY 27
SUITE G
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

221 N. HWY 27
SUITE G
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 32-0080992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASON, DOUGLAS J
585 SUMMERWOOD DRIVE
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASON, DOUGLAS J PSYD
Address: 585 SUMMERWOOD DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: MASON, BRENDA S
Address: 585 SUMMERWOOD DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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: BRENDA S MASON

MGRM

05/29/2007

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