2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L03000029233

Entity Name: MURDOCK VILLAGE HEALTH CENTERS, LLC

Current Principal Place of Business:

329 EAST OLYMPIA AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

329 EAST OLYMPIA AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-0864796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINLEY, MICHAEL R ESQ.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 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: P ( ) Delete
Name: GALMAN, MILES E
Address: 329 E. OLYMPIA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: P ( ) Delete
Name: DUNN, RANDALL F
Address: 329 E. OLYMPIA AVE.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: DUNN, RANDALL F
Address: 329 E. OLYMPIA AVE.
City-St-Zip: PUNTA GORDA, FL 33950

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: RANDALL F. DUNN VP 01/12/2009

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