

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000029233

FILED
May 29, 2009
Secretary of State**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:**C/O DAROL H.M. CARR
99 NESBIT STREET
PUNTA GORDA, FL 33950**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:**CARR, DAROL H ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DAROL H.M. CARR

05/29/2009

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:** VP (X) Delete
Name: DUNN, RANDALL F
Address: 329 E. OLYMPIA AVE.
City-St-Zip: PUNTA GORDA, FL 33950**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: CARR, DAROL H
Address: 99 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33950**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: DAROL H.M. CARR

MGR

05/29/2009

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