

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038622

FILED
Jan 06, 2009
Secretary of State

Entity Name: WOOLDRIDGE MEDICAL CLINIC, L.L.C.

Current Principal Place of Business:

1345 WEST BAY DR.
SUITE 301
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1345 WEST BAY DR.
SUITE 301
LARGO, FL 33770

New Mailing Address:

FEI Number: 20-0294984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLDRIDGE, ROBERT L
9310 136TH WAY NORTH
SEMINOLE, FL 33776 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: VP () Delete
Name: WOOLDRIDGE, ROBERT L
Address: 9310 136 WAY N.
City-St-Zip: SEMINOLE, FL 33776

Title: P () Delete
Name: MOLES, MATTHEW
Address: 1345 WEST BAY DR, STE 301
City-St-Zip: LARGO, FL 33770

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: ROBERT WOOLDRIDGE

VP

01/06/2009

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