

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040286

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: PATIENT PRACTITIONERS, LLC

## Current Principal Place of Business:

1165 STATE PARK ROAD  
CHIPLEY, FL 32428

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1055  
CHIPLEY, FL 32428

## New Mailing Address:

FEI Number: 11-3706671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MELVIN, NAOMI  
1165 STATE PARK ROAD  
CHIPLEY, FL 32428 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: MGRM ( ) Delete  
Name: MELVIN, NAOMI F  
Address: 1165 STATE PARK ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete  
Name: COURTNEY, DOUG  
Address: 21 PRINCE KAAREL LANE  
City-St-Zip: PALM COAST, FL 32464

Title: MGRM ( ) Delete  
Name: COBROC MED, LLC  
Address: 340 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: COMPTON INVESTMENTS, LLC  
Address: 1020 W. 26 STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: CRITICAL LINKS, LLC  
Address: 2513 PELICAN BAY DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM ( ) Delete  
Name: WARD, TEDDY A  
Address: 15 SOUTHWIND COURT  
City-St-Zip: NICEVILLE, FL 32578 US

## ADDITIONS/CHANGES:

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

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

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

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

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: NAOMI MELVIN

MGRM

04/17/2009

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