

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001191

Entity Name: THE HOUSE DOCTOR, LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

2670 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

7031 PRIMM PLACE
NORTH PORT, FL 34287

Current Mailing Address:

2670 TROPICAIRE BLVD
NORTH PORT, FL 34286

New Mailing Address:

7031 PRIMM PLACE
NORTH PORT, FL 34287

FEI Number: 90-0235625 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:

LAPERRIERE, JOSEPH A IV
2670 TROPICAIRE BLVD.
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

LAPERRIERE, JOSEPH A IV
7031 PRIMM PLACE
NORTH PORT, FL 34287 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:

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAPERRIERE, JOSEPH A IV
Address: 2670 TROPICAIRE BLVD.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAPERRIERE, JOSEPH A IV
Address: 7031 PRIMM PLACE
City-St-Zip: NORTH PORT, FL 34287

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: JOSEPH A. LAPERRIERE IV

MGR

05/06/2009

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