## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026380

Entity Name: BELLE B. ALMOJERA, M.D., L.L.C.

**FILED** Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5601 TIMUQUANA ROAD JACKSONVILLE, FL 32210 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 7805

JACKSONVILLE, FL 32210 US

FEI Number: 57-1202255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALMOJERA, BELLE B 5601 TIMUQUANA ROAD JACKSONVILLE, FL 32210 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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

() Delete Title: (X) Change ( ) Addition ALMOJERA, BEVERLY M MOSSMAN, BEVERLY A MD Name: Name:

Address: 340 DEVONSHIRE LANE Address: 340 DEVONSHIRE LANE City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: ORANGE PARK, FL 32073 US

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: BELLE B. ALMOJERA 04/08/2009