

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000027050

FILED
Jul 23, 2009
Secretary of State**Entity Name:** DUVAL HOLDINGS LLC**Current Principal Place of Business:**13590 JOG ROAD
SUITE 4/5
DELRAY BEACH, FL 33446**New Principal Place of Business:****Current Mailing Address:**13590 JOG ROAD
SUITE 4/5
DELRAY BEACH, FL 33446**New Mailing Address:****FEI Number:** 56-2457720**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHNEIDER, HARVEY ESQ.
1900 NW CORPORATE BLVD
SUITE 301 WEST
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**GOMER, ALAN M.D.
13590 JOG ROAD
SUITE 4/5
DELRAY BEACH, FL 33446 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: ALAN GOMER, M.D.

07/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: BLOOM, DAVID
Address: 13590 JOG ROAD SUITE 4/5
City-St-Zip: DELRAY BEACH, FL 33446**Title:** MGRM () Delete
Name: GOMER, ALAN
Address: 13590 JOG ROAD SUITE 4/5
City-St-Zip: DELRAY BEACH, FL 33446**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ZUKERBERG, BRUCE
Address: 13590 JOG ROAD SUITE 4/5
City-St-Zip: DELRAY BEACH, FL 33446**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: ALAN GOMER, M.D.

MGRM

07/23/2009

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