

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000042551

FILED
Apr 07, 2009
Secretary of State

Entity Name: DAVID R FULCHER, D.O., LLC

Current Principal Place of Business:

SURGERY CENTER OF KEY WEST
931 TOPPINO DR
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

17219 OLEANDER LANE
SUGARLOAF KEY, FL 33042

New Mailing Address:

FEI Number: 03-0542701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULCHER, ALYCIA
17219 OLEANDER LANE
SUGARLOAF KEY, FL 33042 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: FULCHER, DAVID R D.O.
Address: 17219 OLEANDER LANE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: FULCHER, ALYCIA M
Address: 17219 OLEANDER LANE
City-St-Zip: SUGARLOAF KEY, FL 33042

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: DAVID R FULCHER

MGRM

04/07/2009

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