2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L04000049770

Entity Name: PALMITA MEDICAL, LLC

Current Principal Place of Business:

3285 TRIPOLI BLVD
PUNTA GORDA, FL 33950

New Principal Place of Business:

3410 TAMIAMI TRAIL
SUITE 1
PORT CHARLOTTE, FL 339511896

Current Mailing Address:

3285 TRIPOLI BLVD
PUNTA GORDA, FL 33950

New Mailing Address:

P.O. BOX 511896
PUNTA GORDA, FL 339511896

FEI Number: 20-1482521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, ELVIN M
3410 TAMIAMI TRAIL STE 1
PORT CHARLOTTE, FL 33952 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: MGR ( ) Delete
Name: MENDEZ, ELVIN M
Address: PO BOX 511896
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES:

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: ELVIN M MENDEZ MGR 01/19/2009

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