

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060501

FILED
Apr 01, 2009
Secretary of State

Entity Name: SAMUEL E. WARD, M.D., P.L.

Current Principal Place of Business:

1410 BRICKYARD ROAD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

3803 GALILEE ROAD
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 20-1503890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, SAM E
3803 GALILEE ROAD
GRACEVILLE, FL 32440 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: WARD, SAM E
Address: 3803 GALILEE ROAD
City-St-Zip: GRACEVILLE, FL 32440

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: SAM E. WARD

MGRM

04/01/2009

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