

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074750

FILED
Feb 23, 2010
Secretary of State

Entity Name: BIOMEDICAL PARTNERS, LLC

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667 US

Current Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667 US

New Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322240680 US

New Mailing Address:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322240680 US

FEI Number: 20-1764306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN P
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667 US

Name and Address of New Registered Agent:

MOORE, JOHN P
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322240680 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:

02/23/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HOLZ, F. LOGAN
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 322240680 US

Title: MGR
Name: MOORE, JOHN P
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 322240680 US

I hereby 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: JOHN P MOORE

MGR

02/23/2010

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