

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086405

FILED
Mar 30, 2009
Secretary of State

Entity Name: SAFE LANE, LLC

Current Principal Place of Business:

1555 INDIAN RIVER BLVD.
B120
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1555 INDIAN RIVER BLVD.
B120
VERO BEACH, FL 32960

New Mailing Address:

1555 INDIAN RIVER BLVD.
B120
VERO BEACH, FL 32960

FEI Number: 20-1997784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, J. ATWOOD III
5070 N. HIGHWAY A-1-A STE. 200
VERO BEACH, FL 32963 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: WOLF, GEOFFREY B M.D.
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: FEGERT, VIRGINIA E M.D.
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: MONUSZKO, EILEEN
Address: 1555 INDIAN RIVER BLVD. B120
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: RICHARDSON, M.L. III MD
Address: 1555 INDIAN RIVER BLVD. B120
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: KLEOPOULOS, NIKITAS M.D.
Address: 1555 INDIAN RIVER BLVD. B120
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: PORTELL, DONALD J D.O.
Address: 1555 INDIAN RIVER BLVD. B120
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

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

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

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

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

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: GEOFFREY B. WOLF, M.D.

MGRM

03/30/2009

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