2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L04000089709

Entity Name: PALMS MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

109 W. KNAPP AVENUE
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 20-2003707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DONNELL, MAGGIE
109 W KNAPP AVE
EDGEWATER, FL 32132 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: METCHICK, LEE N M.D
Address: 109 W. KNAPP AVENUE
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM (X) Delete
Name: METCHICK, HEATHER M M.D
Address: 109 W. KNAPP AVENUE
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: METCHICK, LEE N M.D
Address: 109 W. KNAPP AVENUE
City-St-Zip: EDGEWATER, FL 32132

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: LEE N. METCHICK, M.D. MGR 04/16/2009

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