

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000091594

FILED
Dec 14, 2009
Secretary of State

Entity Name: AMERICAN MEDICAL PROFESSIONALS,LLC

Current Principal Place of Business:

9340 REDHAWK BEND DR
LAKELAND, FL 33810

New Principal Place of Business:

1354 W RIGHTS CREEK RD
BONIFAY, FL 32425

Current Mailing Address:

9340 REDHAWK BEND DR
LAKELAND, FL 33810

New Mailing Address:

1354 W RIGHTS CREEK RD
BONIFAY, FL 32425

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DEEDEE
9340 REDHAWK BEND DR
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

MUNGUIA, DEBBIE
1354 W RIGHTS CREEK RD
BONIFAY, FL 32425 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: DEBBIE MUNGUIA

12/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, DEEDEE
Address: 9340 REDHAWK BEND DR
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: MUNGUIA, DEBBIE
Address: 1354 W RIGHTS CREEK RD
City-St-Zip: BONIFAY, FL 32425

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: DEBBIE MUNGUIA

OWNE

12/14/2009

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