2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L05000009400

Entity Name: TIMOTHY FOSTER, PH.D., LLC.

Current Principal Place of Business:

8639 NORTH HINES SUITE 3222
TAMPA, FL 33614

New Principal Place of Business:

8694 KEY BISCAYNE
302
TAMPA, FL 33614

Current Mailing Address:

8639 NORTH HINES SUITE 3222
TAMPA, FL 33614

New Mailing Address:

8694 KEY BISCAYNE
302
TAMPA, FL 33614

FEI Number: 20-2255794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, TIMOTHY
8639 NORTH HINES SUITE 3222
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

FOSTER, TIMOTHY
8694 KEY BISCAYNE
302
TAMPA, FL 33614 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: _____ 03/13/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FOSTER, TIMOTHY
Address: 8639 N. HIMES AVE #3221
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FOSTER, TIMOTHY
Address: 8694 KEY BISCAYNE 302
City-St-Zip: TAMPA, FL 33614

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: TIMOTHY FOSTER MGR 03/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date