

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046806

FILED
Feb 09, 2009
Secretary of State

Entity Name: ANASTASIA MEDICAL GROUP LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DR
SUITE 105B
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P O BOX 840093
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 61-1488381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANCY S CECIL, EA
80 MARKLAND PLACE
STE E
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

TAYLOR, WAINIO & NEVILLE, PA
320 HIGH TIDE DRIVE
SUITE 201
ST AUGUSTINE, FL 32080 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: TODD D. NEVILLE

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEERUKONDA, SUHAS
Address: 432 MARSHPOINT CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: PEREIRA, RYAN
Address: 1309 FLAGSHIP CT
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: SERRAO, SANJAY
Address: 108 TINTO WAY
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM (X) Delete
Name: SHRESTHA, ANIL
Address: 149 MOSES CREEK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PEREIRA, RYAN
Address: 104 CARVER STREET EAST
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM (X) Change () Addition
Name: SHRESTHA, ANIL
Address: 149 MOSES CREEK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

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: SUHAS P. NEERUKONDA

MGRN

02/09/2009

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