

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000065505

FILED
Dec 23, 2009
Secretary of State**Entity Name:** MARTIN, CONDON & MENDONCA, P.L.**Current Principal Place of Business:**7614 JACQUE ROAD
SUITE B
HUDSON, FL 34667 US**New Principal Place of Business:****Current Mailing Address:**11373 CORTEZ BLVD
SUITE 201
BROOKSVILLE, FL 34613 US**New Mailing Address:****FEI Number:** 20-3115743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MENDONCA, HUGO L MD
7614 JACQUE ROAD
SUITE B
HUDSON, FL 34667 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: MENDONCA, HUGO
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US**Title:** MGRM (X) Delete
Name: CONDON, JAMES
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US**Title:** MGRM (X) Delete
Name: MARTIN, LAURENCE
Address: 7614 JACQUE ROAD, SUITE B
City-St-Zip: HUDSON, FL 34667 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: HUGO L. MENDONCA, MD

MGRM

12/23/2009

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