

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076443

Entity Name: AMEDICUS PARTNERS, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

13131 UNIVERSITY DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-3248550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

WANDERON, THOMAS
3365 WOODS EDGE CIRCLE
104
BONITA SPRINGS, FL 34134 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:

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDS, PAUL
Address: 13131 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: THE KAREN JOHNSON-CR, OWTHER REVOCAB L E TRUST
Address: 15170 CANONGATE DR.
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: CROWTHER, DAVID C
Address: 832 N. TOWN & RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33919

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: PAUL SANDS

MGR

03/12/2009

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