2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079660

Entity Name: JOLITA C. BURNS, M.D., LLC

FILED Jul 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1842 JACLIF COURT, SUITE B TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

PO BOX 13856 TALLAHASSEE, FL 32308

FEI Number: 20-3300114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURNS, JOLITA A

1842 JACLIF COURT, SUITE B

TALLAHASSEE, FL 32308 US

BURNS, JOLITA C

1842 JACLIF COURT, SUITE B

TALLAHASSEE, FL 32308 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: JOLITA BURNS 07/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 BURNS, JOLITA C M.D.
 Name:

 Address:
 1842 JACLIF COURT, SUITE B
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 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: JOLITA BURNS, MD MGR 07/14/2009