

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083100

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** MARHOLIN MEDICAL INSTITUTE, LLC

**Current Principal Place of Business:**

535 APPELYARD DRIVE  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

1360 BRICKYARD ROAD  
CHIPLEY, FL 32428 US

**Current Mailing Address:**

6252 COMMERCIAL WAY  
#301  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

FEI Number: 20-3397401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARHOLIN, MAURICE D  
6252 COMMERCIAL WAY  
#301  
BROOKSVILLE, FL 34613 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: MGR ( ) Delete  
Name: MARHOLIN, MAURICE D  
Address: 6252 COMMERCIAL WAY, #301  
City-St-Zip: BROOKSVILLE, FL 34613 US

**ADDITIONS/CHANGES:**

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: MAURICE MARHOLIN

MGR

01/20/2009

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