

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083670

FILED
May 01, 2009
Secretary of State

Entity Name: DOUGLAS MEDICAL DEVELOPMENT, LLC

Current Principal Place of Business:

1102 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1102 1ST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATTERSON & ANDERSON, P.A.
3010 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRELL, ALVARO F
Address: 1102 1ST STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: RUSSO, ROBERT
Address: 486 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: MCCLERREN, LEON T
Address: 3536 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: GONZALEZ-CHAVEZ, ERNESTO
Address: 1650 WALNUT AVE.
City-St-Zip: WINTER PARK, FL 32789

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:

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: ALVARO F. MORRELL

MGRM

05/01/2009

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