

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106081

**FILED**  
**Jun 28, 2009**  
**Secretary of State**

**Entity Name:** DOCTORS CAPITAL FUNDING, LLC

**Current Principal Place of Business:**

1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

9992 CHERRY HILLS AVENUE CIRCLE  
BRADENTON, FL 34202 US

**Current Mailing Address:**

9992 CHERRY HILLS AVENUE CIRCLE  
BRADENTON, FL 34202 US

**New Mailing Address:**

**FEI Number:** 20-5425837      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARTNETT, THOMAS M  
9992 CHERRY HILLS AVENUE CIRCLE  
BRADENTON, FL 34202 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: HARTNETT, THOMAS M  
Address: 9992 CHERRY HILLS AVENUE CIRCLE  
City-St-Zip: BRADENTON, FL 34202 US

Title: MGR ( ) Delete  
Name: CHOROROS, HARRY J  
Address: 340 SOUTH PALM AVE #61  
City-St-Zip: SARASOTA, FL 34236 US

**ADDITIONS/CHANGES:**

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: THOMAS M. HARTNETT

MGR

06/28/2009

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