

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000546

**FILED**  
**Feb 09, 2009**  
**Secretary of State**

**Entity Name:** DIABETES & ENDOCRINOLOGY CONSULTANTS LLC

**Current Principal Place of Business:**

149 MOSES CREEK BLVD  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840093  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 04-3842889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CECIL, NANCY S E.A.  
80 MARKLAND PL  
ST AUGUSTINE, FL 32084 US

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

TAYLOR, WAINIO & NEVILLE, PA  
320 HIGH TIDE DRIVE  
SUITE 201  
ST AUGUSTINE, FL 32080 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:** TODD D. NEVILLE

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SHRESTHA, ANIL P  
**Address:** 149 MOSES CREEK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086 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:** ANIL P. SHRESTHA

MGRM

02/09/2009

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