

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# L06000019122

Entity Name: SARA J. BERNSTEIN, MD, LC

Current Principal Place of Business:

10111 W FOREST HILL BLVD
261
WELLINGTON, FL 33414 US

New Principal Place of Business:

10131 W FOREST HILL BLVD
130
WELLINGTON, FL 33414 US

Current Mailing Address:

11924 W FOREST HILL BLVD
22-313
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-4348982 FEI Number Applied For () 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:

BERNSTEIN, GLEN C
11924 W FOREST HILL BLVD
22-313
WELLINGTON, FL 33414 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BERNSTEIN, SARA J
Address: 11924 W FOREST HILL BLVD, #22-313
City-St-Zip: WELLINGTON, FL 33414 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BERNSTEIN, GLEN C
Address: 11924 W FOREST HILL BLVD, #22-313
City-St-Zip: WELLINGTON, FL 33414 US

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: GLEN BERNSTEIN

MGRM

05/01/2009

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