

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021705

FILED
Aug 24, 2008
Secretary of State

Entity Name: RESTIERI HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

18245 NW US HWY 441
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 886
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 20-4416514 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:

RESTIERI, LAWRENCE
8956 SW 11TH AVENUE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

RESTIERI, LAWRENCE
14155 NW 30TH AVENUE
GAINESVILLE, FL 32606 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: LAWRENCE RESTIERI

08/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RESTIERI, LAWRENCE
Address: 8956 SW 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RESTIERI, LAWRENCE
Address: 14155 NW 30TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606 US

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: LAWRENCE RESTIERI

DR

08/24/2008

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