

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021705

FILED  
Jan 19, 2009  
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 ( )**

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

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

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

RESTIERI, LAWRENCE T  
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 T. RESTIERI

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RESTIERI, LAWRENCE T  
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 T. RESTIERI

MGRM

01/19/2009

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