

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025038

FILED
Apr 22, 2009
Secretary of State

Entity Name: RESTORATIVE AND PREVENTIVE MEDICINE OF FLORIDA, LLC

Current Principal Place of Business:

1800 2ND STREET
890
SARASOTA, FL 342365946 US

New Principal Place of Business:

5831 BEE RIDGE RD
310
SARASOTA, FL 34233 US

Current Mailing Address:

1800 2ND STREET
890
SARASOTA, FL 342365946 US

New Mailing Address:

5831 BEE RIDGE RD
310
SARASOTA, FL 34233 US

FEI Number: 20-4465240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKES, STEPHEN L MD
1800 2ND STREET
890
SARASOTA, FL 342365946 US

Name and Address of New Registered Agent:

BERKES, STEPHEN L MD
5831 BEE RIDGE RD
310
SARASOTA, FL 34233 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: STEPHEN L BERKES, MD

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERKES, STEPHEN L MD
Address: 1800 2ND STREET SUITE 890
City-St-Zip: SARASOTA, FL 342365946 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERKES, STEPHEN L MD
Address: 5831 BEE RIDGE RD STE 310
City-St-Zip: SARASOTA, FL 34233 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: STEPHEN L BERKES, MD

MGRM

04/22/2009

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