

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025831

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: METROPOLITAN 610612 PRACTICE LLC

**Current Principal Place of Business:**

820 PRUDENTIAL DRIVE, SUITE 606  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

820 PRUDENTIAL DRIVE, SUITE 606  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-4561174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHROEDER, WILLIAM C  
820 PRUDENTIAL DRIVE  
SUITE 606  
JACKSONVILLE, FL 32207 US

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

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:**

Title: MGRM ( ) Delete  
Name: RAPPAPORT, TODD  
Address: 1901 1ST STREET NORTH, #1206  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete  
Name: JIMENEZ, J. FRANCISCO  
Address: 116 SEVEN IRON COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete  
Name: DIXON, CHERYL L  
Address: 144 SEA ISLAND DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Delete  
Name: QUIGLEY, TIMOTHY G  
Address: P.O. BOX 2413  
City-St-Zip: PONTE VEDRA, FL 32204

Title: MGRM (X) Delete  
Name: WOESTE, JOHN T  
Address: 13866 WHITE HERON PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOESTE, JOHN T  
Address: 13866 WHITE HERON PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

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: J FRANCISCO JIMENEZ

MGRM

03/23/2009

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