

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000044541

FILED
Dec 11, 2009
Secretary of State**Entity Name:** ROBERT H. PAXSON, MD, LLC**Current Principal Place of Business:**258 FORTENBERRY ROAD
MERRITT ISLAND, FL 32952**New Principal Place of Business:****Current Mailing Address:**258 FORTENBERRY ROAD
MERRITT ISLAND, FL 32952**New Mailing Address:**110 LONGWOOD AVENUE
ROCKLEDGE, FL 32950**FEI Number:** 14-1960245**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PAXSON, ROBERT H MD
258 FORTENBERRY ROAD
MERRITT ISLAND, FL 32952 US**Name and Address of New Registered Agent:**WUESTHOFF FAMILY PHYSICIANS INC
110 LONGWOOD AVENUE
ROCKLEDGE, FL 32955 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: EMIL P MILLER

12/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: PAXSON, ROBERT H MD
Address: 258 FORTENBERRY ROAD
City-St-Zip: MERRITT ISLAND, FL 32952**Title:** VP (X) Delete
Name: KIRKLAND BARRIE, LYNDA
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: WUESTHOFF FAMILY PHYSICIANS INC
Address: 110 LONGWOOD AVENUE
City-St-Zip: ROCKLEDGE, FL 32955**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: EMIL P MILLER

MGRM

12/11/2009

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