

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046288

Entity Name: COBROC MED, LLC

FILED  
Jan 19, 2008  
Secretary of State

**Current Principal Place of Business:**

340 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

340 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 20-4814357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET  
SUITE 2110  
JACKSONVILLE, FL 32202 US

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

DUNN, NEAL P MGRM  
340 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401 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: NEAL DUNN

01/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUNN, NEAL P M.D.  
Address: 340 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUNN, NEAL P M.D.  
Address: 340 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Change (X) Addition  
Name: DUNN, LEAH O  
Address: 340 BUNKERS COVE  
City-St-Zip: PANAMA CITY, FL 32401

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: NEAL DUNN

MGRM

01/19/2008

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