

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048678

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: JABHIM, LLC

**Current Principal Place of Business:**

5248 RED CEDAR DRIVE, #102  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5248 RED CEDAR DRIVE, #102  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901      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:                      MGR                      ( ) Delete  
Name:                      JACOBS, ALLEN T M.D.  
Address:                      5248 RED CEDAR DRIVE, #102  
City-St-Zip:                      FORT MYERS, FL 33907

Title:                      MGR                      ( ) Delete  
Name:                      HEMED, IRIT M.D.  
Address:                      5248 RED CEDAR DRIVE, #102  
City-St-Zip:                      FORT MYERS, FL 33907

Title:                      MGR                      ( ) Delete  
Name:                      MARTIN, BRIAN G D.O.  
Address:                      5248 RED CEDAR DRIVE, #102  
City-St-Zip:                      FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

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: ALLEN JACOBS

MD

03/20/2009

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