

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051192

FILED
Mar 30, 2009
Secretary of State

Entity Name: MEDIPOINT LLC

Current Principal Place of Business:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 20-4891031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLURE, WILLIAM A
167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 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: MCCLURE, WILLIAM A
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR (X) Delete
Name: BROOKS, THOMAS
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: MGR () Delete
Name: BULLOCK, KRISTIN
Address: 167 PALENCIA VILLAGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: WILLIAM A MCCLURE

MGRM

03/30/2009

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