

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052408

FILED
Apr 14, 2009
Secretary of State

Entity Name: PRIVATE MEDICAL MANAGEMENT OF NAPLES, LLC

Current Principal Place of Business:

1400 GULF SHORE BLVD N.
SUITE 166
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1400 GULF SHORE BLVD N.
SUITE 166
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-4913369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADWAR, D. SCOTT
4885 SHEARWATER LANE
NAPLES, FL 34119 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: MR. () Delete
Name: MADWAR, D. SCOTT
Address: 4885 SHEARWATER LANE
City-St-Zip: NAPLES, FL 34119

Title: MR. () Delete
Name: BLOUNT, WINTON M
Address: PO BOX 230039
City-St-Zip: MONTGOMERY, AL 36123

ADDITIONS/CHANGES:

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: D. SCOTT MADWAR

MANA

04/14/2009

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