

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057899

FILED
Jan 16, 2007
Secretary of State

Entity Name: COMMUNITY INDUSTRIAL MEDICINE, P.L.

Current Principal Place of Business:

2763 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

5500 9TH STREET NORTH
ST. PETERSBURG, FL 33703 US

Current Mailing Address:

2763 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713 US

New Mailing Address:

5500 9TH STREET NORTH
ST. PETERSBURG, FL 33703 US

FEI Number: 20-5007242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABA, FADI DR.
2763 1ST AVENUE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

SABA, FADI DR.
5500 9TH STREET NORTH
ST. PETERSBURG, FL 33703 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: DR FADI SABA

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SABA, FADI DR.
Address: 2763 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SABA, FADI DR.
Address: 5500 9ST STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DR FADI SABA

MGR

01/16/2007

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