

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057899

FILED
Jan 15, 2009
Secretary of State

Entity Name: COMMUNITY INDUSTRIAL MEDICINE, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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.
5500 9TH STREET NORTH
ST. PETERSBURG, FL 33703 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: SABA, FADI DR.
Address: 5500 9ST STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SABA, FADI DR.
Address: 5500 9TH 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 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: FADI SABA

MGR

01/15/2009

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