

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057899

**FILED**  
**Mar 01, 2011**  
**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  
**Name:** SABA, FADI DR.  
**Address:** 5500 9TH STREET NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33703 US

I hereby 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      03/01/2011

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