

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062757

FILED
Feb 20, 2009
Secretary of State

Entity Name: EAST HILL CLINIC, LLC

Current Principal Place of Business:

1221 EAST DESOTO STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1221 EAST DESOTO STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 11-3783134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ABIGAIL K
1590 EAST TEXAR DRIVE
PENSACOLA, FL 32503 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: SANDERS, KEVIN B
Address: 1221 EAST DESOTO STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM (X) Delete
Name: CONRAD, MICHAEL
Address: 1221 EAST DESOTO STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM (X) Delete
Name: BEISSINGER, TINA
Address: 1221 EAST DESOTO STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONRAD, MICHAEL P
Address: 1221 EAST DESOTO STREET
City-St-Zip: PENSACOLA, FL 32501

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: MICHAEL P CONRAD

MGR

02/20/2009

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