# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 31, 2009**
**Secretary of State**

DOCUMENT# L06000090201

**Entity Name:** FLIGHT SURGEONS INTERNATIONAL, CHARTERED

**Current Principal Place of Business:**

550 MEMORIAL CIR. ADDRESS
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1545 HAND AVENUE
SUITE B3
ORMOND BEACH, FL 32174

**Current Mailing Address:**

550 MEMORIAL CIR. ADDRESS
ORMOND BEACH, FL 32174

**New Mailing Address:**

1545 HAND AVENUE
SUITE B3
ORMOND BEACH, FL 32174

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBIN, MARK S
550 MEMORIAL CIR. ADDRESS
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

RUBIN, MARK S
1545 HAND AVENUE
SUITE B3
ORMOND BEACH, FL 32174 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: MARK S. RUBIN 03/31/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR ( ) Delete
Name: RUBIN, MARK S MD
Address: 550 MEMORIAL CIRCLE SUITE N
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition
Name: RUBIN, MARK S MD
Address: 1545 HAND AVENUE - SUITE B3
City-St-Zip: ORMOND BEACH, FL 32174

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: MARK S. RUBIN DR. 03/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date