2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L06000096549

Entity Name: MOBILE INDUSTRIAL MEDICINE, LLC

Current Principal Place of Business:

1350 E MAIN STREET, SUITE C1
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

4401 PAWNEE PATH
VALRICO, FL 33594

New Mailing Address:

1229 BEACH DRIVE, NE
ST. PETERSBURG, FL 33701

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

Name and Address of Current Registered Agent:

ADAMS, TIMOTHY
1350 E MAIN STREET, SUITE C1
BARTOW, FL 33830 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: HAZZARD, ELISE F
Address: 4401 PAWNEE PATH
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Delete
Name: HAZZARD, JEFFREY P
Address: 4401 PAWNEE PATH
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAZZARD, ELISE F
Address: 1229 BEACH DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR (X) Change ( ) Addition
Name: HAZZARD, JEFFREY P
Address: 1229 BEACH DRIVE NE
City-St-Zip: ST. PETERSBURG,, FL 33701

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: ELISE F HAZZARD MGR 02/18/2009

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