

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098660

FILED
Jan 19, 2009
Secretary of State

Entity Name: MEDSTOP PL

Current Principal Place of Business:

3003 STATE HIGHWAY 77, SUITE A
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1930
LYNN HAVEN, FL 324446930

New Mailing Address:

FEI Number: 20-5727140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALANO-LAVIN, LUIS MD
1200 HARVARD BLVD
LYNN HAVEN, FL 32444 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: GALANO-LAVIN, LUIS MD
Address: 1200 HARVARD BLVD
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: T () Delete
Name: GAZANO, CARMEN
Address: 1200 HARVARD BLVD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GALANO, CARMEN
Address: 1200 HARVARD BLVD
City-St-Zip: LYNN HAVEN, FL 32444

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: LUIS GALANO-LAVIN

MGRM

01/19/2009

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