# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# L06000115515

**Entity Name:** THE LEGAL MEDICINE GROUP, LLC

**Current Principal Place of Business:**

1695 LEE RD.
SUITE C-106
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

900 FOX VALLEY DRIVE
SUITE 100
LONGWOOD, FL 32779 US

**Current Mailing Address:**

1695 LEE RD.
SUITE C-106
WINTER PARK, FL 32789 US

**New Mailing Address:**

PO BOX 915622
LONGWOOD, FL 32779 US

**FEI Number: 20-8037458** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ALPER, JONATHAN
274 KIPLING CT.
HEATHROW, FL 32746 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: ZEBRANEK, JAMES D JR.
Address: 1695 LEE RD. SUITE C-106
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ZEBRANEK, JAMES D JR.
Address: PO BOX 915622
City-St-Zip: LONGWOOD, FL 32779

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: JD ZEBRANEK DR 01/15/2009

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