

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115515

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

900 FOX VALLEY DRIVE  
SUITE 100  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

PO BOX 915622  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

1695 LEE ROAD  
SUITE C-116  
WINTER PARK, FL 32789 US

**New Mailing Address:**

1695 LEE ROAD  
SUITE C-116  
WINTER PARK, FL 32789 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  
Name: ZEBRANEK, JAMES D PHD  
Address: 1695 LEE ROAD C-116  
City-St-Zip: WINTER PARK, FL 32789 OR

Title: TTEE  
Name: ZEBRANEK, JAMES D OMD  
Address: 17900 GULF BLVD 2F  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: TTEE  
Name: DINESCU, ADRIANA C  
Address: 1695 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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: JAMES D ZEBRANEK, JR PHD

MGR

01/05/2010

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