

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001675

Entity Name: MAXWELL MEDICAL, P.L.L.C.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

4020 U.S. HWY 27 NORTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4020 U.S. HWY 27 NORTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0554388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, JACK W
1800 2ND STREET, STE. 780
SARASOTA, FL 34236 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: MAXWELL, MARVIN M.D.
Address: 4020 U.S. HWY 27 NORTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

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

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: MARVIN MAXWELL

MGRM

01/06/2009

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