

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000008919

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** MOBILE SWALLOWING CONSULTANTS, LLC

**Current Principal Place of Business:**

12259 150TH COURT NORTH  
JUPITER, FL 33478 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 33404  
PALM BEACH GARDENS, FL 334203404 US

**New Mailing Address:**

**FEI Number:** 20-8314201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOODWIN, SARAH  
2726 ANZIO COURT  
APT. #108  
PALM BEACH GARDENS, FL 33410 US

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

GOODWIN, SARAH  
9901 CHAPMAN OAK COURT  
PALM BEACH GARDENS, FL 33410 US

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: SARAH GOODWIN

02/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOODWIN, SARAH  
Address: 9901 CHAPMAN OAK COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM  
Name: JAMASON, APRIL  
Address: 12259 150TH COURT NORTH  
City-St-Zip: JUPITER, FL 33478 US

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: SARAH GOODWIN

MMB

02/28/2010

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