2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L07000018595

Entity Name: 1403 MEDICAL PLAZA DRIVE, LLC

Current Principal Place of Business:

219 SPANISH OAK TRAIL
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 951873
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWMAN, JOETTA B
219 SPANISH OAK TRAIL
LONGWOOD, FL 32779 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: NEWMAN, JOETTA B
Address: 219 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: NEWMAN, COURTNEY B
Address: 584 WINDSOR ST SW
City-St-Zip: ATLANTA, GA 30312

Title: MGRM ( ) Delete
Name: NEWMAN, WILLIAM C
Address: 219 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

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

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

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: JOETTA B. NEWMAN MGR 04/25/2009

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