

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023833

FILED
Jan 20, 2009
Secretary of State

Entity Name: GLOBAL MEDICAL PARTNERS LLC

Current Principal Place of Business:

21301 POWERLINE RD
STE 208
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21301 POWERLINE RD
STE 208
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-8546293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOONT, ROBERT
8180 TWIN LAKE DRIVE
BOCA RATON, FL 33496 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: SPOONT, ROBERT
Address: 8180 TWIN LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: COLTON, ROBERT
Address: 4270 N.W. 24TH AVE.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: LENNON, HENRY
Address: 4464 WOODFIELD BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: BARNETT, STEPHEN
Address: 2845 RAMSGATE NW
City-St-Zip: ATLANTA, GA 30305

Title: MGRM () Delete
Name: RUBENSTEIN, MITCHELL
Address: 7163 AYRSHIRE LANE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: SPOONT, BENJAMIN
Address: 500 ATLANTIC AVE - APT 14D
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES:

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

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

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

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City-St-Zip:

Title: () Change () Addition
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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: ROBERT SPOONT

MGRM

01/20/2009

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