2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L07000044485

Entity Name: DOCTORS & PATIENTS 1ST, LLC

Current Principal Place of Business:

6349 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6349 BEACH BLVD.
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-8998139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, STEVEY L
6349 BEACH BLVD.
JACKSONVILLE, FL 32216 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: BARNES, STEVEY L
Address: 6349 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM (X) Delete
Name: PASCHAL, ETTA J
Address: 2492 MALLORY HILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32221 US

ADDITIONS/CHANGES:

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: STEVEY L BARNES MGRM 01/06/2009

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