

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049643

FILED
Jan 07, 2008
Secretary of State

Entity Name: WEST COAST TRAVEL MEDICINE CONSULTANTS LLC

Current Principal Place of Business:

1840 MEASE DR
SUITE 319
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR
SUITE 319
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-8995984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAARTZ, BRENT W MD
1501 S. PINELLAS AVE
SUITE B
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

LAARTZ, BRENT W MD
1840 MEASE DRIVE
SUITE 319
SAFETY HARBOR, FL 34695 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: BRENT W. LAARTZ, MD

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAARTZ, BRENT W MD
Address: 1501 S. PINELLAS AVE, STE B
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR () Delete
Name: GROOM, TODD M MD
Address: 1501 S. PINELLAS AVE, STE B
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAARTZ, BRENT W MD
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR (X) Change () Addition
Name: GROOM, TODD M MD
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Change (X) Addition
Name: PHILLIPS, MICHAEL C MD
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

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: BRENT W. LAARTZ

MD

01/07/2008

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