

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049643

FILED
Mar 31, 2009
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 ()

Name and Address of Current Registered Agent:

LAARTZ, BRENT W MD
1840 MEASE DRIVE
SUITE 319
SAFETY HARBOR, FL 34695 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: LAARTZ, BRENT W MD
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

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

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

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: BRENT W. LAARTZ, MD

PRES

03/31/2009

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