2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L07000050343

Entity Name: DORIS B. STILES-GLAZER, PH.D., LLC

Current Principal Place of Business:

8700 NORTH KENDALL DRIVE
SUITE 215
MIAMI, FL 33176

New Principal Place of Business:

1197 NW 128 DRIVE
NEWBERRY, FL 32669

Current Mailing Address:

8700 NORTH KENDALL DRIVE
SUITE 215
MIAMI, FL 33176

New Mailing Address:

1197 NW 128 DRIVE
NEWBERRY, FL 32669

FEI Number: 26-0185059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STILES-GLAZER, DORIS B
8700 NORTH KENDALL DRIVE
SUITE 215
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

STILES-GLAZER, DORIS B
1197 NW 128 DRIVE
NEWBERRY, FL 32669 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: DORIS STILES-GLAZER 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STILES-GLAZER, DORIS B
Address: 8700 NORTH KENDALL DRIVE #215
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STILES-GLAZER, DORIS B
Address: 1197 NW 128 DRIVE
City-St-Zip: NEWBERRY, FL 32669

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: DORIS STILES-GLAZER MGR 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date