

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052634

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SUPERIOR MEDICAL CLINICS LLC

**Current Principal Place of Business:**

11531 N. 56TH ST #103-105  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

11531 N. 56TH ST #103-105  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 06-1815899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OKEKE, IKE  
11531 N. 56TH ST #103-105  
TEMPLE TERRACE, FL 33617 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: OKEKE, YVONNE  
Address: 11531 N. 56TH ST #103-105  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM ( ) Delete  
Name: OKEKE, IKE  
Address: 11531 N. 56TH ST # 103-105  
City-St-Zip: TEMPLE TERRACE, FL 33617

**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: IKE C OKEKE

MR

02/06/2009

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