

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052634

FILED
Feb 01, 2010
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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

I hereby 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: YVONNE OKEKE

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02/01/2010

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