

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056240

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** PALADIN MEDICAL ENTERPRISES, LLC

**Current Principal Place of Business:**

330 SOUTH LINE AVE  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

330 SOUTH LINE AVE  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 22-3964556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 US

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

SLABY, BRIAN MD  
330 SOUTH LINE AVE  
INVERNESS, FL 34452 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: BRIAN SLABY, MD

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SLABY, BRIAN MD  
Address: 330 SOUTH LINE AVE  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES:**

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: BRIAN SLABY MD

MGR

04/27/2009

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