

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061079

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** HOWELL MEDICAL GROUP, LLC

**Current Principal Place of Business:**

3539 LITTLE ROAD  
TRINITY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AURA S MANAGEMENT  
15215 CORTEZ BLVD.  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 US

**FEI Number:** 87-0804782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWELL, N.S. D.O.  
5370 SPRING HILL DRIVE  
SPRING HILL, FL 34606 US

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

HOWELL, N.S. D.O.  
15215 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 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: N.S. HOWELL D.O.

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOWELL, N.S.  
Address: 15215 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613 US

**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: N.S. HOWELL

MGRM

01/16/2009

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