

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070947

FILED
Mar 06, 2009
Secretary of State

Entity Name: SELECT CLINICIANS, LLC

Current Principal Place of Business:

7025 CR 46A
SUITE 1071-341
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

7025 CR 46A
SUITE 1071-341
HEATHROW, FL 32746

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID S ESQUIRE
5728 MAJOR BOULEVARD
SUITE 550
ORLANDO, FL 32819 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: STUMPF, AMY
Address: 1657 TENNYSON COURT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STUMPF, AMY
Address: 1710 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: AMY STUMPF

MGRM

03/06/2009

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