

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070947

Entity Name: SELECT CLINICIANS, LLC

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**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: 11-3819459

FEI Number Applied For ( )

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:**

HAAS, BETTY A  
2813 S HIAWASSEE RD  
SUITE #201  
ORLANDO, FL 32835 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: BETTY HAAS

03/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STUMPF, AMY  
Address: 1710 SHADOWMOSS CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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: AMY STUMPF

MGRM

03/17/2010

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