

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075767

FILED
Apr 09, 2009
Secretary of State

Entity Name: LINKS MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

13613 ZORI LANE
WINDERMERE, FL 34786

New Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
SUITE 320
WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY #320
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 26-1213388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OFOKANSI, DAVIDSON
13613 ZORI LANE
ORLANDO, FL 34786 US

Name and Address of New Registered Agent:

OFOKANSI, DAVIDSON
13506 SUMMERPORT VILLAGE PKWY
SUITE 320
ORLANDO, FL 34786 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:

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OFOKANSI, DAVIDSON C
Address: 13613 ZORI LANE
City-St-Zip: ORLANDO, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OFOKANSI, DAVIDSON C
Address: 13506 SUMMERPORT VILLAGE PKWY, #320
City-St-Zip: ORLANDO, FL 34786

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: DAVIDSON OFOKANSI

PRES

04/09/2009

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