

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085641

FILED
Apr 30, 2009
Secretary of State

Entity Name: NG & ANDERSON MEDICAL OFFICE, LLC

Current Principal Place of Business:

1690 US 1 SOUTH,
SUITE D
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

P O BOX 3320
ST. AUGUSTINE, FL 32085 US

New Principal Place of Business:

385 SW PALM COAST PARKWAY
SUITE 5
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 26-0857199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NG, RAPHAEL MD
1690 US 1 SOUTH,
SUITE D
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

NG, RAPHAEL MD
385 SW PALM COAST PARKWAY
SUITE 5
PALM COAST, FL 32137 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NG, RAPHAEL M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR () Delete
Name: ANDERSON, LUIS M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NG, RAPHAEL M.D.
Address: 385 SW PALM COAST PARKWAY #5
City-St-Zip: PALM COAST, FL 32137 US

Title: MGR (X) Change () Addition
Name: ANDERSON, LUIS M.D.
Address: 385 SW PALM COAST PARKWAY
City-St-Zip: PALM COAST, FL 32137 US

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: RAPHAEL NG

MGR

04/30/2009

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