

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088937

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** A.G. ZAMPOGNA PERSONALIZED MEDICAL CARE, LLC

**Current Principal Place of Business:**

1350 TAMIAMI TRAIL  
SUITE 205  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1350 TAMIAMI TRAIL  
SUITE 205  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 26-0807967

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

ZAMPOGNA, CARLO F  
3200 TAMIAMI TRAIL N.  
SUITE 200  
NAPLES, FL 34103 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:** ZAMPOGNA, ANTONINO G  
**Address:** 1350 TAMIAMI TRAIL, SUITE 205  
**City-St-Zip:** NAPLES, FL 34102 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:** ANTONINO G. ZAMPOGNA

MGRM

01/19/2009

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