

# 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