2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# L07000090702

Entity Name: GULF COAST AUDIOLOGY OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

9458 SILVER PINE LOOP
FORT MYERS, FL 33967 US

New Principal Place of Business:

8900 GLADIOLUS DR.
SUITE #201
FORT MYERS, FL 33908 US

Current Mailing Address:

9458 SILVER PINE LOOP
FORT MYERS, FL 33967 US

New Mailing Address:

8900 GLADIOLUS DR.
SUITE #201
FORT MYERS, FL 33908 US

FEI Number: 26-0849407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DURAN, JAMIN
9458 SILVER PINE LOOP
FORT MYERS, FL 33967 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: MGR ( ) Delete
Name: DURAN, JAMIN
Address: 9458 SILVER PINE LOOP
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGR ( ) Delete
Name: DURAN, DRIANIS
Address: 9458 SILVER PINE LOOP
City-St-Zip: FORT MYERS, FL 33967 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMIN DURAN MGR 08/22/2008

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