

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100766

FILED
Apr 29, 2008
Secretary of State

Entity Name: DOCTORS DECOMPRESSION, LLC

Current Principal Place of Business:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

14522 UNIVERSITY POINT PLACE
TAMPA, FL 33613 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: LUPO, ROBERT
Address: 14522 UNIVERSITY POINT PLACE
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM () Delete
Name: LUPO, CATHERINE
Address: 14522 UNIVERSITY POINT PLACE
City-St-Zip: TAMPA, FL 33613 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: CATHERINE LUPO

MGRM

04/29/2008

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