

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109414

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** GOODWILLUS MEDICAL CLINIC LLC

**Current Principal Place of Business:**

10730 US 19 N #21  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

7037 STATE RD 52  
HUDSON, FL 34667

**Current Mailing Address:**

10730 US 19 N #21  
PORT RICHEY, FL 34668

**New Mailing Address:**

7037 STATE RD 52  
HUDSON, FL 34667

**FEI Number:** 61-1543636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADEYANJU-ISHOLA, ADETOLA  
10109 VISTA POINTE DR  
TAMPA, FL 33635 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  
Name: ADEYANJU-ISHOLA, ADETOLA  
Address: 10109 VISTA POINTE DR  
City-St-Zip: TAMPA, FL 33635

I hereby 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: ADETOLA ADEYANJU-ISHOLA

MGR

02/14/2011

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