2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112030

Entity Name: TALLAHASSEE HEALTH CLINIC, LLC

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1706 RIGGINS ROAD

TALLAHASSEE, FL 32308 US

Current Mailing Address: New Mailing Address:

1706 RIGGINS ROAD

TALLAHASSEE, FL 32308 US

FEI Number: 26-1368871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIAO, CLYDE L
PATACXIL, FILEMON R
1307 WALDEN ROAD
1773 SOUTH HILL N' DAI

1307 WALDEN ROAD 1773 SOUTH HILL N' DALE DR TALLAHASSEE, FL 32317 US TALLAHASSEE, FL 32317 US

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: FILEMON R PATACXIL 01/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Fitle: MGRM () Delete Title: MGRM (X) Change () Addition

Name: PATACXIL, FILEMON Name: PATACXIL, MERLINDA
Address: 1773 HILL N DALE Address: 1773 SOUTH HILL N DALE DR

City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PATACXIL, MERLINDA Name: PATACXIL, FILEMON

Address: 1773 HILL N DALE Address: 1773 SOUTH HILL N DALE DR
City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 GABOR, CARMEN L
 Name:

 Address:
 1307 WALDEN ROAD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32317 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 DIAO, CLYDE L
 Name:

 Address:
 1307 WALDEN ROAD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32317 US
 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: MERLINDA E PATACXIL MGMR 01/27/2009