

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112322

Entity Name: 1ST MEDICAL GROUP LLC

**FILED**  
**Jun 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2316 N. DALE MABRY HWY  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2316 N. DALE MABRY HWY  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 80-0319925      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:**

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

AUSTIN AND LAURATO LAW FIRM  
1902 W. CASS ST  
TAMPA, FL 33604      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GONZALEZ, MICHELE  
Address: 2316 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33607

**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: MICHELE GONZALEZ

MM

06/24/2009

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