

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113491

Entity Name: ROMUNDE CLINICS ORLANDO LLC

FILED  
Jul 24, 2009  
Secretary of State

**Current Principal Place of Business:**

249 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

249 MAITLAND AVENUE  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

249 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

249 MAITLAND AVENUE  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 71-1041308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

WESTER, FRANS  
249 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

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

WESTER, FRANS  
249 MAITLAND AVENUE  
SUITE 1020  
ALTAMONTE SPRINGS, FL 32701 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:

07/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: VAN NIEUWLAND, MARTIJN  
Address: 249 MAITLAND AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: WESTER, FRANS  
Address: 249 MAITLAND AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: FRANS WESTER

MGR

07/24/2009

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