

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114980

FILED
Mar 02, 2009
Secretary of State

Entity Name: DR MADFIS LLC

Current Principal Place of Business:

5737 BARNHILL DR BLDG 100
STE 1
JACKSONVILLE, FL 32207

Current Mailing Address:

5737 BARNHILL DR BLDG 100
STE 1
JACKSONVILLE, FL 32207

New Principal Place of Business:

6320 SAINT AUGUSTINE ROAD
UNIT 12A & 12B
JACKSONVILLE, FL 32217

New Mailing Address:

6320 SAINT AUGUSTINE ROAD
UNIT 12A & 12B
JACKSONVILLE, FL 32217

FEI Number: 74-3240372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZARAKHOVICH, MARIA
6821 SOUTH POINT DR NORTH
JACKSONVILLE, FL 32207 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: MADFIS, VADIM L
Address: 5737 BARNHILL DR BLDG 100 STE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: ASRIYEVA, ILONA
Address: 13772 WEEPING WILLOW WAY
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MADFIS, VADIM L
Address: 6320 SAINT AUGUSTINE ROAD, UNIT 12A & 12B
City-St-Zip: JACKSONVILLE, FL 32217

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: VADIM L MADFIS, MD

MGRM

03/02/2009

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