

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115332

FILED
Feb 03, 2009
Secretary of State

Entity Name: THOMAS SHREEVE, M.D., LLC

Current Principal Place of Business:

8 RODNEY STREET
REHOBOTH BEACH, DE 19971

New Principal Place of Business:

724 GOLF DRIVE
VENICE, DE 34285

Current Mailing Address:

8 RODNEY STREET
REHOBOTH BEACH, DE 19971

New Mailing Address:

8 RODNEY ST
REHOBOTH BEACH, DE 19971

FEI Number: 26-1508614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHREEVE, THOMAS M.D.
724 GOLF DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

SHREEVE, THOMAS L M.D.
724 GOLF DRIVE
VENICE, FL 34285 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: THOMAS SHREEVE

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHREEVE, THOMAS M.D.
Address: 8 RODNEY STREET
City-St-Zip: REHOBOTH BEACH, DE 19971

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: SHREEVE, THOMAS L M.D.
Address: 8 RODNEY STREET
City-St-Zip: REHOBOTH BEACH, DE 19971

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: THOMAS SHREEVE

PRES

02/03/2009

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