

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117786

Entity Name: GLMB, LLC

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

1099 CITRUS TOWER BLVD. STE 110
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1099 CITRUS TOWER BLVD. STE 110
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 30-0450768 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:

Name and Address of New Registered Agent:

CHAIRES & HAMMOND, P.L.
283 CRANES ROOST BLVD.
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLOVER, SHELLEY C M.D.
Address: 1725 EAST HIGHWAY 50 STE B
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: LEWIS, MARY BETH M.D.
Address: 1099 CIRTUS TOWER BLVD STE 110
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: MCLEAN, KRISTINA M.D.
Address: 1099 CIRTUS TOWER BLVD; STE 110
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: BOARDMAN, JASON M.D.
Address: 1120 CITRUS TOWER BLVD; SUITE 127
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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

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

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: MARY BETH LEWIS

MGR

05/22/2009

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