

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122238

Entity Name: JOSE AUGUSTINE, M.D., P.L.

FILED  
Feb 11, 2008  
Secretary of State

**Current Principal Place of Business:**

5795 SUMMIT VIEW DR  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

5795 SUMMIT VIEW DR  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

AUGUSTINE, JOSE M.D.  
5795 SUMMIT VIEW DR  
BROOKSVILLE, FL 34601    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      DR                      ( ) Change (X) Addition  
Name:                      AUGUSTINE, JOSE M.D.  
Address:                      5795 SUMMIT VIEW DRIVE  
City-St-Zip:                      BROOKSVILLE, FL 34601 65

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: JOSE AUGUSTINE, M.D.                      DR                      02/11/2008

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