

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