

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122238

FILED
Jan 16, 2010
Secretary of State

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

Current Principal Place of Business:

5795 SUMMIT VIEW DR
BROOKSVILLE, FL 34601

New Principal Place of Business:

5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601

Current Mailing Address:

5795 SUMMIT VIEW DR
BROOKSVILLE, FL 34601

New Mailing Address:

5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601

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:

AUGUSTINE, JOSE M.D.
5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601 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: JOSE AUGUSTINE

01/16/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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

DR.

01/16/2010

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