

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126521

FILED
Sep 21, 2009
Secretary of State

Entity Name: THE BOSTWICK GROUP, LLC

Current Principal Place of Business:

ATTN: DAVID G. BOSTWICK, M.D.
2500 SAND LAKE RD
ORLANDO, FL 32809

New Principal Place of Business:

ATTN: DAVID G. BOSTWICK, M.D.
7001 LAKE ELLENOR DR
ORLANDO, FL 32809

Current Mailing Address:

ATTN: DAVID G. BOSTWICK, M.D.
2500 SAND LAKE RD
ORLANDO, FL 32809

New Mailing Address:

ATTN: DAVID G. BOSTWICK, M.D.
7001 LAKE ELLENOR DR
ORLANDO, FL 32809

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BOSTWICK, DAVID G MD, MBA
Address: 4724 LAKE CALABAY DR
City-St-Zip: ORLANDO, FL 32837

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: BETSY RAFFERTY

MGR

09/21/2009

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