

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010217

FILED
Apr 30, 2009
Secretary of State

Entity Name: REMEDIOS SANTOS, D.M.D., P.L

Current Principal Place of Business:

1800 RIVER BLUFF RD. N.
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

1800 RIVER BLUFF RD. N.
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 80-0146438 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A-100
TAMPA, FL 33612 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: MGRM () Delete
Name: BODIN, REMEDIOS S
Address: 1800 RIVER BLUFF RD. N.
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

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: REMEDIOS SANTOS

DR.

04/30/2009

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