

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000015360

FILED
Jul 29, 2009
Secretary of State**Entity Name:** VITAL SIGNS PHYSICIANS FL, P.L.**Current Principal Place of Business:**2745 SCARBOROUGH DRIVE
KISSIMMEE, FL 34744 US**New Principal Place of Business:****Current Mailing Address:**2745 SCARBOROUGH DRIVE
KISSIMMEE, FL 34744 US**New Mailing Address:****FEI Number:** 26-2459908**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:**AHMED, GHAZALA
2745 SCARBOROUGH DRIVE
KISSIMMEE, FL 34744 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: GHAZALA AHMED

07/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** ADMI () Delete
Name: AHMED, GHAZALA
Address: 2745 SCARBOROUGH DRIVE
City-St-Zip: KISSIMMEE, FL 34744 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: GHAZALA AHMED

ADMI

07/29/2009

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