

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035211

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL PATIENT REPRESENTATIVES, LLC

**Current Principal Place of Business:**

1000 STINSON WAY, STE 104  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

1000 STINSON WAY, STE 104  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 56-2294171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, CARINA  
1000 STINSON WAY, STE 104  
WEST PALM BEACH, FL 33411 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:** MGR ( ) Delete  
**Name:** WOOD, CARINA  
**Address:** 1000 STINSON WAY, STE 104  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** WOOD, CARINA  
**Address:** 1000 STINSON WAY, STE 104  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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:** CARINA WOOD

PRES

04/30/2009

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