

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036967

**FILED  
Apr 08, 2009  
Secretary of State**

**Entity Name:** SEBASTIAN MEDICAL OFFICES, LLC

**Current Principal Place of Business:**

12635 NORTH A1A  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

12635 NORTH A1A  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 26-2423627      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORDNER, HAROLD J  
12635 NORTH A1A  
VERO BEACH, FL 32963      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: CORDNER, HAROLD J  
Address: 12635 NORTH A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM      ( ) Delete  
Name: CORDNER, LIANNE K  
Address: 12635 NORTH A1A  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HAROLD J CORDNER

MGRM

04/08/2009

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