

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041445

FILED
May 18, 2009
Secretary of State

Entity Name: FOWLER GROVES MEDICAL DEVELOPERS LLC

Current Principal Place of Business:

13918 FOX GLOVE STREET
C/O ELLIOTT JAMISON
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

13918 FOX GLOVE STREET
C/O ELLIOTT JAMISON
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-2878714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

AM&E SERVICES LLC
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MALACHI 310, A DELAWARE LLC
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: MGRM () Change (X) Addition
Name: MEDICAL DEVELOPERS, A DELAWARE LLC
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

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: ELLIOTT JAMISON

MGRM

05/18/2009

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