

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041445

**FILED**  
**Feb 16, 2010**  
**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 ( )**

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

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

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

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

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

02/16/2010

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