

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047027

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: EOM, LLC

## Current Principal Place of Business:

3645 MADACA LANE  
TAMPA, FL 33618

## New Principal Place of Business:

539 MEDICAL OAKS AVE.  
BRANDON, FL 33511

## Current Mailing Address:

3645 MADACA LANE  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 26-2756316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIERRA, MICHAEL ESQ.  
703 W. SWANN AVE.  
TAMPA, FL 33606 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: JOSE C. DOMINGUEZ JR., M.D.  
Address: 3645 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Change (X) Addition  
Name: TINA L. DOMINGUEZ  
Address: 3645 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Change (X) Addition  
Name: SASHA G. DOMINGUEZ  
Address: 3645 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Change (X) Addition  
Name: SHELBI L. DOMINGUEZ  
Address: 3645 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

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: JOSE C. DOMINGUEZ JR., M.D.

MGR

04/15/2009

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