## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000049128

Name:

Address:

City-St-Zip:

Entity Name: MEDICAL EXERCISE, LLC

FILED Jun 23, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1026 SHADY LAKES CIRCLE PALM BEACH GARDENS, FL 33418 **Current Mailing Address: New Mailing Address:** 1026 SHADY LAKES CIRCLE PALM BEACH GARDENS, FL 33418 FEI Number: 26-2912201 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: SABATELLO, MADELINE 1026 SHADY LAKES CIRCLE PALM BEACH GARDENS, FL 33418 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: ADDITIONS/CHANGES: Title: () Change () Addition

() Delete

Name: Address:

City-St-Zip:

SABATELLO, MADELINE 1026 SHADY LAKES CIRCLE PALM BEACH GARDENS, FL 33418

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: MADELINE SABATELLO 06/23/2009