

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050230

FILED
Apr 30, 2009
Secretary of State

Entity Name: RACHAEL GITTENS MD LLC

Current Principal Place of Business:

1100 W OAKLAND PARK BLVD
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

1100 W OAKLAND PARK BLVD
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 26-2643822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GITTENS, ALWIN
300 E. OAKLAND PARK BLVD
#272
WILTON MANOR, FL 33334 US

Name and Address of New Registered Agent:

GITTENS, ALWIN
1100 W OAKLAND PARK BLVD
WILTON MANOR, FL 33311 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: ALWIN GITTENS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GITTENS, ALWIN
Address: 300 E. OAKLAND PARK #272
City-St-Zip: WILTON MANORS, FL 33334

Title: MGR () Delete
Name: GITTENS, RACHAEL
Address: 300 E. OAKLAND PARK #272
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GITTENS, ALWIN
Address: 1100 W OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33311

Title: MGR (X) Change () Addition
Name: GITTENS, RACHAEL
Address: 1100 W OAKLAND PARK BLVD
City-St-Zip: WILTON MANORS, FL 33311

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: RACHAEL GITTENS

M

04/30/2009

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