

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052563

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** PREMIER ATTORNEYS FOR DOCTORS, LLC

**Current Principal Place of Business:**

2631-A NW 41ST STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

9158 SW 51ST RD  
J 301  
GAINESVILLE, FL 32608

**Current Mailing Address:**

1653 NW 16TH AVENUE  
GAINESVILLE, FL 32605

**New Mailing Address:**

9158 SW 51ST RD  
J 301  
GAINESVILLE, FL 32608

**FEI Number:** 26-4486041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOOD, CLAIR  
1653 NW 16TH AVENUE  
GAINESVILLE, FL 32605 US

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

GOOD, CLAIR  
9158 SW 51ST RD  
J 301  
GAINESVILLE, FL 32608 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: CLAIR E GOOD

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOOD, CLAIR  
Address: 1653 NW 16TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOOD, CLAIR  
Address: 9158 SW 51ST RD J301  
City-St-Zip: GAINESVILLE, FL 32608

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: CLAIR E GOOD

MGRM

04/06/2009

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