

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053806

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** FAMILY OCEAN MEDICAL, LLC

**Current Principal Place of Business:**

2873 SE OCEAN BLVD.  
STUART, FL 34996 US

**New Principal Place of Business:**

2220 SE OCEAN BLVD  
201  
STUART, FL 34996 US

**Current Mailing Address:**

2873 SE OCEAN BLVD.  
STUART, FL 34996 US

**New Mailing Address:**

2220 SE OCEAN BLVD  
201  
STUART, FL 34996 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GIACHINO, FERNANDO  
17 MARTIN LUTHER KING, JR. BLVD.  
SUITE 200  
STUART, FL 34994 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: MGRM ( ) Delete  
Name: SCHOPPE, JOSEPH V  
Address: 82 SE HARBOR POINT DR.  
City-St-Zip: STUART, FL 34996 US

Title: MGRM ( ) Delete  
Name: SCHOPPE, JOHN J JR  
Address: 2873 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34996 US

Title: MGRM ( ) Delete  
Name: SCHOPPE, PAUL R  
Address: 9 PALM RD.  
City-St-Zip: STUART, FL 34996 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHOPPE, JOSEPH V  
Address: 2220 SE OCEAN BLVD 201  
City-St-Zip: STUART, FL 34996 US

Title: MGRM (X) Change ( ) Addition  
Name: SCHOPPE, JOHN J JR  
Address: 2220 SE OCEAN BLVD 201  
City-St-Zip: STUART, FL 34996 US

Title: MGRM (X) Change ( ) Addition  
Name: SCHOPPE, PAUL R  
Address: 2220 SE OCEAN BLVD 201  
City-St-Zip: STUART, FL 34996 US

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: PAUL SCHOPPE

MGMR

02/26/2009

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