

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066347

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** MATRIX MEDICAL MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

4125 SW MARTIN HWY  
SUITE 12  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

9793 SW SANTA MONICA DR  
STE 107  
PALM CITY, FL 34990 US

**Current Mailing Address:**

4125 SW MARTIN HWY  
SUITE 12  
PALM CITY, FL 34990 US

**New Mailing Address:**

9793 SW SANTA MONICA DR  
STE 107  
PALM CITY, FL 34990 US

**FEI Number:** 26-2950650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAPPAPORT, GERALD P  
9793 SW SANTA MONICA DR  
PALM CITY, FL 34990 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: MGR ( ) Delete  
Name: RAPPAPORT, GERALD P  
Address: 4125 SW MARTIN HWY STE 12  
City-St-Zip: PALM CITY, FL 34990 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RAPPAPORT, GERALD P  
Address: 4125 SW MARTIN HWY STE 12  
City-St-Zip: PALM CITY, FL 34990 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: GERALD P. RAPPAPORT

MGRM

04/27/2009

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