

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068814

Entity Name: JODA LYNN, M.D., PLLC

FILED  
Feb 26, 2009  
Secretary of State

**Current Principal Place of Business:**

127 LACOUR LANE  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

127 LACOUR LANE  
PERRY, FL 32348

**New Mailing Address:**

FEI Number: 26-2996602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LYNN, JODA G M.D.  
127 LACOUR LANCE  
PERRY, FL 32348 US

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

LYNN, JODA G M.D.  
127 LACOUR LANE  
PERRY, FL 32348 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:

02/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LYNN, JODA G M.D.  
Address: 127 LACOUR LANE  
City-St-Zip: PERRY, FL 32348

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JODA LYNN

MGR

02/26/2009

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