

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068939

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** JEAN-FELERT CADET, M.D., LLC

**Current Principal Place of Business:**

1226 S.W. MAIN BLVD.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2204  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-3470069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRADEN, LISA  
4623 FOREST HILL BLVD., STE. 111  
WEST PALM BEACH, FL 33415 US

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

CADET, JEAN-FELERT  
1226 SW MAIN BLVD  
LAKE CITY, FL 32025 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:** JEAN-FELERT CADET MD MPH

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CADET, JEAN-FELERT MD MPH  
**Address:** 1226 S.W. MAIN BLVD.  
**City-St-Zip:** LAKE CITY, FL 32025

**Title:** MGR  
**Name:** THEVENIN-CADET, MARIE CADET  
**Address:** 170 SW WOOD DUCK CT  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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:** JEAN-FELERT CADET MD MPH

MGRM

03/30/2010

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