

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069899

FILED
Mar 15, 2010
Secretary of State

Entity Name: PAMPERED PATIENT, LLC

Current Principal Place of Business:

8101 LONGMEADOW DR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

8101 LONGMEADOW DR
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 26-3045137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORCZYCKI, SCOTT R MR
8101 LONGMEADOW DR
TALLAHASSEE, FL 32312 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
Name: GORCZYCKI, SCOTT R
Address: 8101 LONGMEADOW DR
City-St-Zip: TALLAHASSEE, FL 32312 US

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: SCOTT GORCZYCKI

MGRM

03/15/2010

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