2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# L08000070290

Entity Name: C.N.A. MEDICAL ACADEMY LLC

Current Principal Place of Business:

14832 US 19 N
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

14832 US 19 N
HUDSON, FL 34667

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VLAMAKIS, PATRICIA
14832 US 19 N
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

VLAMAKIS, MICHELLE S OWNER
14832 US 19 N
HUDSON, FL 34667 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: MICHELLE VLAMAKIS 08/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HUDSON, ANGELA
Address: 14832 US 19 N
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VLAMAKIS, MICHELLE S MGR
Address: 14832 US 19 N
City-St-Zip: HUDSON, FL 34667

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: MICHELLE VLAMAKIS MGR 08/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date