

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075617

**FILED**  
**Jun 24, 2009**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE BREAST SERVICES, LLC

**Current Principal Place of Business:**

1201 N OLIVE AVE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1201 N OLIVE AVE  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHASHA, ITZHAK  
Address: 1201 N OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**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: ITZHAK SHASHA

MGR

06/24/2009

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