2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L08000077112

Entity Name: PALMS WEST MEDICAL MALL 123, LLC

Current Principal Place of Business:

12014 CAPTAIN'S LANDING
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

12014 CAPTAIN'S LANDING
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 26-3197090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHALMOWITZ, MORRIS A
12014 CAPTAIN'S LANDING
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SHLAMOWITZ, MORRIS A
12014 CAPTAIN'S LANDING
NORTH PALM BEACH, FL 33408 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: MORRIS SHLAMOWITZ 01/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM ( ) Change (X) Addition
Name: SHLAMOWITZ, MORRIS A
Address: 12014 CAPTAINS LANDING
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MM ( ) Change (X) Addition
Name: SHLAMOWITZ, JOAN R (BERK)
Address: 12014 CAPTAINS LANDING
City-St-Zip: NORTH PALM BEACH, FL 33408

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: MORRIS SHLAMOWITZ MM 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date