

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086163

FILED
Apr 29, 2010
Secretary of State

Entity Name: LIMB SALVAGE INSTITUTE, LLC

Current Principal Place of Business:

8833 PERIMETER PARK BLVD.
SUITE 501
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

8833 PERIMETER PARK BLVD.
SUITE 501
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-3328383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, DE ANNA M
8833 PERIMETER PARK BLVD.
SUITE 501
JACKSONVILLE, FL 32216 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: BELL, DESMOND P JR
Address: 8833 PERIMETER PARK BLVD., SUITE 501
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM
Name: BELL, DE ANNA M
Address: 8833 PERIMETER PARK BLVD., SUITE 501
City-St-Zip: JACKSONVILLE, FL 32216 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: DE ANNA M. BELL

MGRM

04/29/2010

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