2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L08000087258

Entity Name: TRANSMISSION PHYSICIAN LLC

Current Principal Place of Business:

30940 SUNEAGLE RD., STE. 102
MT DORA, FL 32757

New Principal Place of Business:

30940 SUNEAGLE DR., STE. 102
MT DORA, FL 32757

Current Mailing Address:

30940 SUNEAGLE RD., STE. 102
MT DORA, FL 32757

New Mailing Address:

30940 SUNEAGLE DR., STE. 102
MT DORA, FL 32757

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGAN, CHAD
30940 SUNEAGLE RD., STE. 102
MT DORA, FL 32757 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: MGR ( ) Delete
Name: LOGAN, CHAD
Address: 3407 OAK BROOK LANE
City-St-Zip: EUSTIS, FL 32736

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: CHAD LOGAN MGR 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date