

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090557

FILED
Jun 28, 2009
Secretary of State

Entity Name: COMPREHENSIVE INFECTIOUS DISEASES LLC

Current Principal Place of Business:

5503 S CONGRESS AVE
104
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

5503 S CONGRESS AVE
104
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 26-3416768 **FEI Number Applied For ()** **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:

BUSH, LARRY
5503 S CONGRESS AVE
104
ATLANTIS, FL 33462 US

Name and Address of New Registered Agent:

BUSH, LARRY M MD
5503 S CONGRESS AVE
104
ATLANTIS, FL 33462 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: LARRY M BUSH MD

06/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUSH, LARRY
Address: 5503 S CONGRESS AVE, #104
City-St-Zip: ATLANTIS, FL 33462 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUSH, LARRY M MD
Address: 5503 S CONGRESS AVE, #104
City-St-Zip: ATLANTIS, FL 33462 US

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: LARRY M BUSH MD

MGRM

06/28/2009

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