2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2010
Secretary of State

DOCUMENT# L08000096606

Entity Name: ENDOCRINE CLINIC OF WEST FLORIDA, LLC

Current Principal Place of Business:

10288 CYPRESS LAKES DRIVE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

17222 HOSPITAL BLVD
SUITE 226
BROOKSVILLE, FL 34601 US

Current Mailing Address:

10288 CYPRESS LAKES DRIVE
JACKSONVILLE, FL 32256 US

New Mailing Address:

17222 HOSPITAL BLVD
SUITE 226
BROOKSVILLE, FL 34601 US

FEI Number: 26-3524765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL 32204 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: CASTRO, ARTURO MD
Address: 15041 MIDDLE FAIRWAY DR
City-St-Zip: SPRING HILL, FL 34609 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 Statues.

SIGNATURE: ARTURO CASTRO MGR 02/26/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date