2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096991

Entity Name: PICC CENTRAL, LLC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2304 ALOMA AVE 119 WOODLAND DR EAST SUITE 201 SANFORD, FL 32773 US

WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

2304 ALOMA AVE 119 WOODLAND DR EAST SUITE 201 SANFORD, FL 32773 US

WINTER PARK, FL 32792 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONAVAY, CHRISTOPHER W
2304 ALOMA AVE
SUITE 201
WINTER PARK, FL 32792 US
SHERRY L. JOHNSON, INC.
119 WOODLAND DR. EAST
SANFORD, FL 32773 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: SHERRY L JOHNSON 01/08/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: HEPP, TAMARA L Name: JOHNSON, SHERRY L Address: 1561 HILLTOP RD Address: 119 WOODLAND DR EAST

City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: SANFORD, FL 32773 US

Title: () Delete Title: MGR () Change (X) Addition
Name: PERCIAVALLE, SABRINA

 Name:
 Name:
 PERCIAVALLE, SABRINA

 Address:
 Address:
 128 LUDLOW DR

 City-St-Zip:
 City-St-Zip:
 LONGWOOD, FL 32779

Title: () Delete Title: MGRM () Change (X) Addition

Name:Name:HEPP, TAMARA L RNAddress:Address:1561 HILLTOP RDCity-St-Zip:City-St-Zip:CASSELBERRY, FL 32707

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: TAMARA L HEPP RN MGRM 01/08/2009