

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101291

FILED
Apr 20, 2009
Secretary of State

Entity Name: NAPOLI PHYSICIANS CONSULTING, LLC

Current Principal Place of Business:

3001 WEST LAKE VISTA CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3001 WEST LAKE VISTA CIRCLE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 90-0422755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLI, DAVID
3001 WEST LAKE VISTA CIRCLE
DAVIE, FL 33328 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 () Delete
Name: NAPOLI, DAVID
Address: 3001 WEST LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGRM () Delete
Name: NAPOLI, VALERIE
Address: 3001 WEST LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID NAPOLI

MGRN

04/20/2009

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