

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101291

**FILED**  
**Feb 23, 2010**  
**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  
Name: NAPOLI, DAVID  
Address: 3001 WEST LAKE VISTA CIRCLE  
City-St-Zip: DAVIE, FL 33328

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

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 Statutes.

SIGNATURE: DAVID NAPOLI

MGRM

02/23/2010

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