

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 03, 2009  
Secretary of State**

DOCUMENT# L08000103263

Entity Name: BARBARA A. BROGAN L.P.N., LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

4175 SE ST. LUCIE BLVD.  
STUART, FL 34997 US

**Current Mailing Address:**

**New Mailing Address:**

4175 SE ST. LUCIE BLVD.  
STUART, FL 34997 US

FEI Number: 26-3661810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

BROGAN, BARBARA A  
4175 SE ST. LUCIE BLVD.  
STUART, FL 34997 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BROGAN, BARBARA A  
Address: 4175 SE ST. LUCIE BLVD  
City-St-Zip: STUART, FL 34997 US

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: GARY A BERGER

CPA

02/03/2009

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