

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104471

**FILED**  
**May 13, 2010**  
**Secretary of State**

**Entity Name:** POLITICS AND MEDICINE LLC

**Current Principal Place of Business:**

2197 BRENT PLACE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

12615 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2197 BRENT PLACE  
PALM HARBOR, FL 34683

**New Mailing Address:**

12615 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223

**FEI Number:** 26-3682897      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SMITH, TRAVIS  
2197 BRENT PLACE  
PALM HARBOR, FL 34683      US

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

SMITH, TRAVIS  
12615 BRADY PLACE BLVD  
JACKSONVILLE, FL 32223      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

05/13/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SMITH, TRAVIS  
**Address:** 12615 BRADY PLACE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32223

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: TRAVIS SMITH

MNGR

05/13/2010

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