2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L08000105833

Entity Name: SEMINOLE MEDICAL DEVELOPERS LLC

Current Principal Place of Business:

13918 FOX GLOVE ST.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

13918 FOX GLOVE ST.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 26-3731900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MALACHI 310, A DELAWARE LLC
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

Title: MGRM ( ) Change (X) Addition
Name: MEDICAL DEVELOPERS, A DELAWARE LLC
Address: 3500 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901

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: ELLIOTT JAMISON MGRM 05/18/2009

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