2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000109273

Entity Name: DOCTOR'S FINANCIAL NETWORK, LLC

Current Principal Place of Business:

145 NE EDGEWATER DR., UNIT 4302
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

145 NE EDGEWATER DR., UNIT 4302
STUART, FL 34996

New Mailing Address:

FEI Number: 26-3838286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E. III
555 COLORADO AVE.
STUART, FL 34994 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: DOHERTY, HUGH F.
Address: 145 NE EDGEWATER DR., UNIT 4302
City-St-Zip: STUART, FL 34996

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

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: DOHERTY, VIRGINIA M.
Address: 145 NE EDGEWATER DR., UNIT 4302
City-St-Zip: STUART, FL 34996

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: HU8GH DOHERTY DDS, CFP CEO 01/07/2009

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