

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110390

FILED
Jul 22, 2009
Secretary of State

Entity Name: COMPREHENSIVE HEALTH CARE RECORDS LLC.

Current Principal Place of Business:

10362 PALMBROOKE TERRACE
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

1000 1ST AVE WEST E-3
E-3
BRADENTON, FL 34205 US

Current Mailing Address:

10362 PALMBROOKE TERRACE
LAKEWOOD RANCH, FL 34202

New Mailing Address:

3744 COUNTRYSIDE RD
SARASOTA, FL 34233 US

FEI Number: 26-3798015 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:

POLLESCH-JONES, REBECCA
3744 COUNTRYSIDE RD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

POLLESCH-JONES, REBECCA L MGRM
3744 COUNTRYSIDE RD
SARASOTA, FL 34233 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: REBECCA POLLESCH-JONES

07/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, REBECCA P
Address: 3744 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, REBECCA P OWNER
Address: 3744 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233 US

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: REBECCA POLLESCH-JONES

MGMR

07/22/2009

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