

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114345

Entity Name: EXPRESS DOCTOR, LLC

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

5100 WEST LEMON STREET, SUITE 109  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5100 WEST LEMON STREET, SUITE 109  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 26-3915167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHIDDEN, STACEY  
5100 WEST LEMON STREET, SUITE 109  
TAMPA, FL 33609 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:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition

Name: WHIDDEN, STACEY

Address: 5100 W. LEMON STREET, STE. 109

City-St-Zip: TAMPA, FL 33609

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: STACEY WHIDDEN

MGR

03/10/2009

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