2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L09000001615

Entity Name: GORDON W. MCNEAL, M.D., LLC

Current Principal Place of Business:

1101 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

10821 MASTERS DR.
CLERMONT, FL 34711

Current Mailing Address:

1101 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

10821 MASTERS DR.
CLERMONT, FL 34711

FEI Number: 26-3951431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM
1101 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714 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: P ( ) Change (X) Addition
Name: MCNEAL, GORDON W
Address: 10821 MASTERS DR.
City-St-Zip: CLERMONT, F 34711

Title: VP ( ) Change (X) Addition
Name: MCNEAL, BRNADEEN K
Address: 10821 MASTER DR.
City-St-Zip: CLERMONT, FL 34711

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: GORDON W. MCNEAL P 04/30/2009

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