

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042569

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** ANGELA B. CULPEPPER, ARNP, FNP, LLC

**Current Principal Place of Business:**

3317 NE COLIN KELLY HWY  
MADISON, FL 32340 US

**New Principal Place of Business:**

**Current Mailing Address:**

3317 NE COLIN KELLY HWY  
MADISON, FL 32340 US

**New Mailing Address:**

PO BOX 681  
MADISON, FL 32341 US

**FEI Number:** 26-4792533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CULPEPPER, ANGELA B  
3317 NE COLIN KELLY HWY  
MADISON, FL 32340 US

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

CULPEPPER, ANGELA B ARNP  
3317 NE COLIN KELLY HWY  
MADISON, FL 32340 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:** ANGELA B. CULPEPPER

04/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CULPEPPER, ANGELA B ARNP  
**Address:** 3317 NE COLIN KELLY HWY  
**City-St-Zip:** MADISON, FL 32340 US

**Title:** MGR  
**Name:** CULPEPPER, ANGELA B ARNP  
**Address:** 3317 NE COLIN KELLY HWY  
**City-St-Zip:** MADISON, FL 32340

I hereby 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:** ANGELA B. CULPEPPER, ARNP

MGRM

04/06/2010

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