

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052426

FILED
Feb 16, 2010
Secretary of State

Entity Name: MUA PHYSICIANS OF NAPLES LLC

Current Principal Place of Business:

3467 PINE RIDGE ROAD
#102
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3467 PINE RIDGE ROAD
#102
NAPLES, FL 34109

New Mailing Address:

FEI Number: 27-0275293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEX KRISCHANOWSKI DC PA
3467 PINE RIDGE ROAD
#102
NAPLES, FL 34109 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
Name: ALEX KRISCHANOWSKI DC PA
Address: 3467 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM
Name: BLACK, MATHEW DR.
Address: 5064 SEASHELL AVE
City-St-Zip: NAPLES, FL 34103 US

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: ALEX G KRISCHANOWSKI

MGRM

02/16/2010

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