

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053584

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** DOCTORS PREVENTION NETWORK, LLC

**Current Principal Place of Business:**

831 W MORSE BLVD  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

1890 SEMORAN BLVD  
SUITE 319  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

831 W MORSE BLVD  
WINTER PARK, FL 32789 US

**New Mailing Address:**

1890 SEMORAN BLVD  
SUITE 319  
WINTER PARK, FL 32792 US

**FEI Number:** 27-0292583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX, JERRY L  
831 W MORSE BLVD  
WINTER PARK, FL 32789 US

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

HERZIG, BRIAN Z ESQ  
7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 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: BRIAN Z S HERZIG

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TALEBLY, NAZILA  
Address: 1890 SEMORAN BLVD, SUITE 319  
City-St-Zip: WINTER PARK, FL 32792 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: JERRY L. COX

CFO

04/30/2010

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