

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070341

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

1136 EAGLE POINT  
ST. AUGUSTINE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

1136 EAGLE POINT  
ST. AUGUSTINE, FL 32256

**New Mailing Address:**

1136 EAGLE POINT  
ST. AUGUSTINE, FL 32092

**FEI Number:** 27-0605927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, KELLY  
1136 EAGLE POINT  
ST. AUGUSTINE, FL 32256 US

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

MARTIN, KELLY  
1136 EAGLE POINT  
ST. AUGUSTINE, FL 32092 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/16/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTIN, KELLY  
Address: 1136 EAGLE POINT  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: KELLY MARTIN

MGMR

02/16/2010

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