

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071434

Entity Name: PATIENT PACKETS LLC

FILED
Apr 16, 2010
Secretary of State

Current Principal Place of Business:

2054 ALTA MEADOWS LANE
SUITE 2409
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

2054 ALTA MEADOWS LANE
SUITE 2409
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 80-0507385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUROCHER, PATRICK
2054 ALTA MEADOWS LANE
SUITE 2409
DELRAY BEACH, FL 33444 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: MGR
Name: DUROCHER, PATRICK
Address: 2054 ALTA MEADOWS LANE, SUITE 2409
City-St-Zip: DELRAY BEACH, FL 33444 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: PATRICK DUROCHER

PRES

04/16/2010

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