

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111007

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** CENTRE LAKE MEDICAL, L.L.C.

**Current Principal Place of Business:**

516 DELANNOY AVE  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

516 DELANNOY AVE  
COCOA, FL 32922

**New Mailing Address:**

P O BOX 3767  
COCOA, FL 329243767 US

**FEI Number:** 27-1367030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANCILIA, JOHN R  
1795 WEST NASA BLVD  
MELBOURNE, FL 32901 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: ELIZABETH JON SWANN TRUST JIM SWANN TTEE  
Address: 516 DELANNOY AVE  
City-St-Zip: COCOA, FL 32922 US

Title: MGRM  
Name: COOL LAKE LLC  
Address: 2485 SOUTH ATLANTIC AVENUE #7  
City-St-Zip: COCOA BEACH, FL 329312299 US

Title: MGRM  
Name: SLK VENTURES LLC  
Address: 10688 PLAINVIEW CIRCLE  
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM  
Name: SPEARMAN, GUY M III  
Address: 516 DELANNOY AVENUE  
City-St-Zip: COCOA, FL 32922 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: ELIZABETH JON SWANN TRUST JIM SWANN TTEE MGRM 01/07/2010

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