

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112970

**FILED**  
**Jul 06, 2010**  
**Secretary of State**

**Entity Name:** ISLAND DOCTORS INTERSTATE, LLC

**Current Principal Place of Business:**

100 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 27-1523722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B  
PORT ORANGE, FL 32127 US

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

CULVER, DAVE  
100 ARRICOLA AVE  
SAINT AUGUSTINE, FL 32080 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: DAVE CULVER

07/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HINMAN, ROY H II  
Address: 1800 ADAMS ACRES ROAD  
City-St-Zip: ST. AUGUSTINE, FL 320849300 US

Title: MGRM  
Name: GLOBILLITY INC.  
Address: 2460 OLD MOULTRIE RD, SUITE 3  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: ROY HINMAN II

MGRM

07/06/2010

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