

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120299

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** FOCUSMD, LLC

**Current Principal Place of Business:**

6500 BOWDEN ROAD, BUILDING 200, SUITE 290  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6500 BOWDEN ROAD, BUILDING 200, SUITE 290  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SMITH HULSEY & BUSEY PA  
225 WATER STREET, SUITE 1800  
JACKSONVILLE, FL 32202 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:                      PRES  
Name:                     GASTON, CHRISTOPHER  
Address:                 6500 BOWEN RD., BUILDING 200, SUITE 290  
City-St-Zip:            JACKSONVILLE, FL 32216

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: CHRISTOPHER GASTON                      PRES                      02/18/2010

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