2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000054998

Entity Name: MOBILE DOCTOR SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

499 E CENTRAL PKWY ST 235
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

499 E CENTRAL PKWY ST 235
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEVY, SETH
948 PATRICK DR.
WEST PALM BEACH, FL 33406 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: LEVY, SETH
Address: 948 PATRICK DR.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM
Name: BURKE, CATHERINE
Address: 135 HILLTOP PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 Statues.

SIGNATURE: CATHERINE BURKE MGRM 04/29/2011

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