

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000570

FILED
Feb 02, 2009
Secretary of State

Entity Name: 840 E. OSCEOLA STREET, L.L.C.

Current Principal Place of Business:

840 E. OSCEOLA STREET, LLC
1701 SE HILLMOOR DRIVE SUITE 8
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

840 E. OSCEOLA STREET
1701 SE HILLMOOR DRIVE SUITE 8
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0890967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, MICHAEL MD
1701 SE HILLMOOR DRIVE
SUITE 8
PORT ST LUCIE, FL 34952 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 () Delete
Name: PAUL, MICHAEL M.D.
Address: 1701 SE HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: PAUL, DIANE
Address: 1701 SE HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL PAUL, M.D.

MGRM

02/02/2009

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