

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009254

FILED
Mar 25, 2009
Secretary of State

Entity Name: 3138 NORTHSIDE DRIVE, L.C.

Current Principal Place of Business:

3138 NORTHSIDE DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3138 NORTHSIDE DRIVE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1008548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ROBERT M M.D.
3138 NORTHSIDE DRIVE
KEY WEST, FL 33040 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: OLSON, ROBERT M MD
Address: 1017 FLEMING ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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: ROBERT M. OLSON, M.D.

MGRM

03/25/2009

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