

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001773

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** DELUXE MEDICAL BULIDING, LLC

**Current Principal Place of Business:**

2250 HARRISON AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2250 HARRISON AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 20-4543488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSEPH, ROBERT J  
464 SUDDUTH AVENUE  
PANAMA CITY, FL 32401 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:** MGR  
**Name:** JOSEPH, ROBERT J  
**Address:** 464 SUDDUTH DRIVE  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** MGR  
**Name:** SHORES, AARON J  
**Address:** 522 BUNKERS COVE RD  
**City-St-Zip:** PANAMA CITY, FL 32401

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:** ROBERT J. JOSEPH

MD

01/12/2010

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