

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004091

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: THE LITTLE CLINIC OF FLORIDA LLC

**Current Principal Place of Business:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

8 CADILLAC DRIVE  
SUITE 250  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 41-2240165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: THE LITTLE CLINIC, LLC  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

Title: PCOO ( ) Delete  
Name: GRZYBOWSKI, JOHN  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

Title: TCFO ( ) Delete  
Name: PANTOJA, ROBERTO G  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

Title: SGC (X) Delete  
Name: KELLY, CHRISTOPHER R  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES:**

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

Title: P (X) Change ( ) Addition  
Name: GRZYBOWSKI, JOHN  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

Title: S (X) Change ( ) Addition  
Name: LOWENTHAL, STUART  
Address: 8 CADILLAC DRIVE, SUITE 250  
City-St-Zip: BRENTWOOD, TN 37027

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: STUART LOWENTHAL

S

04/23/2009

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