

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144930

Entity Name: J.L.L.,M.D.,INC.

FILED
Mar 15, 2010
Secretary of State

Current Principal Place of Business:

1814 THOMAS DR.
PANAMA CITY, FL 32408 US

New Principal Place of Business:

1813 THOMAS DR
STE 6
PANAMA CITY BEACH, FL 32408 US

Current Mailing Address:

1814 THOMAS DR.
PANAMA CITY, FL 32408 US

New Mailing Address:

P O BOX 28480
PANAMA CITY, FL 32411 US

FEI Number: 37-1532325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUBENTHAL, JOHN L MD
5809 N.LAGOON DR.
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

LAUBENTHAL, JOHN L MD
5809 N LAGOON DR
PANAMA CITY BEACH, FL 32408 US

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: JOHN L LAUBENTHAL, MD

03/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LAUBENTHAL, JOHN L MD
Address: 5809 N.LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: V.P.
Name: LAUBENTHAL, JOHN L MD
Address: 5809 N.LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SECR
Name: LAUBENTHAL, JOHN L MD
Address: 5809 N.LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TREA
Name: LAUBENTHAL, JOHN L MD
Address: 5809 N.LAGOON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN L LAUBENTHAL, MD

P

03/15/2010

Electronic Signature of Signing Officer or Director

Date