

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150527

Entity Name: LIN LI MD, PA

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

436 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

436 MARSH POINT CIRCLE
ST AUGUSTINE, FL 32080

New Mailing Address:

436 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080

FEI Number: 20-8130925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LI, LIN
436 MARSH POINT CIRCLE
ST. AUGUSTINE, FL 32080 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LI, LIN
Address: 40 HANNAH COLE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LI, LIN
Address: 436 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

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 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 an address, with all other like empowered.

SIGNATURE: LIN LI

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date