2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042281

City-St-Zip: OSTEEN, FL 32764 US

Entity Name: SERENDIPITY MEDICAL MANAGEMENT, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ON BLUFF RD FL 32764	JS			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ON BLUFF RD FL 32764	JS			
FEI Numbe	r: 26-2489533	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	ON BLUFF RD	JS			
	e named entity te of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P (LIMMER, LESL 611 LEMON BI		Title: Name: Address:	() Change () Addition	

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 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: LESLIE A LIMMER P 06/16/2009