

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000074554 1. Entity Name FREEPORT CLINICS, L.L.C.	
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Principal Place of Business POST OFFICE BOX 289 FREEPORT, FL 32439	Mailing Address POST OFFICE BOX 289 FREEPORT, FL 32439
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DO NOT WRITE IN THIS SPACE



04192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3229184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMICH, KEVIN M
 4481 LEGENDARY DRIVE, SUITE 200
 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IGNASIAK, TERESA P POST OFFICE BOX 289 FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000729850
 05/08/07-80053-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Teresa P. Ignasiak TERESA P. IGNASIAK 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 4/19/07 Daytime Phone # 850 835 4333

850-835-4333