


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022622

1. Entity Name
2210 MEDICAL GROUP, P.L.



Principal Place of Business 2210 61ST STREET WEST BRADENTON, FL 34209	Mailing Address 2210 61ST STREET WEST BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4670484	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

FASOLI, ROBERT A M.D.
2210 61ST STREET WEST
BRADENTON, FL 34209

**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 rows atng) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYLETT, JANINE M 2210 61ST STREET WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEMAN, MICHAEL D 2210 61ST STREET WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLS, FLOYD W 2210 61ST STREET WEST BRADENTON, FL 34209
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04/14/08-80050-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  **3-31-08** **941-792-0611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #