2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Jun 02, 2008 8:00 am Secretary of State DOCUMENT # L06000095337 1. Entity Name 06-02-2008 90259 042 ***538.75 PALM HARBOR MEDICAL ARTS, LLC Principal Place of Business Mailing Address 2863 ALT 19N 2863 ALT 19N PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State 4. FEI Number Applied For 20-5629841 HUBBOR Not Applicable Zip Pinelles Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMCHARRAN, RAM Street Address (P.O. Box Number is Not Acceptable) 2855 ALT 19 N PALM HARBOR FL 34683 Zip Code FI 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, typed or primed name of redistored agent and title if approximate (NOTE Registered Agent a gaztiare required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Channe ☐ Addition NAME MACKAY, EDWARD STREET ADDRESS 2863 ALT 19N STREET ADDRESS CITY-ST-718 PALM HARBOR FL 34683 CITY-ST-Z:P THRE MGR ☐ Delete TITLE Change Addition NAME LOPEZ, RON NAME STREET ADDRESS STREET ADDRESS 2863 ALT 19 N CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZiP THILE ☐ Delete TITLE MGR Change Addition WILLIAM, HOPETON STREET ADDRESS STREET ADDRESS 2863 ALT 19 CITY-ST-ZIP CITY-SI-ZIP PALM HARBOR FL 34683 TITLE MGR ☐ Defete Change ■ Addition TALDONE, WILLIAM HAME NAME STREET ADDRESS 2863 ALT 19 STREET ARDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP MGR Delete TITLE Change TITLE Addition SHEHAYEB, SAM NAME NAME 2863 ALT 19 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition RAMCHARRAN, SADHANA NAME 2863 ALT 19 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY ST-ZIP CITY-ST-ZiP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Date

Cayerra Prizzie #