

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087776

FILED
Jan 31, 2008
Secretary of State

Entity Name: ENTERPRISE MEDICAL OFFICE, LLC

Current Principal Place of Business:

938 SAXON BLVD.
SUITE D
ORANGE CITY, FL 32763 US

New Principal Place of Business:

765 IMAGE WAY
ORANGE CITY, FL 32763 US

Current Mailing Address:

938 SAXON BLVD.
SUITE D
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 26-1199442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTOR, MELGEN M.D.
938 SAXON BLVD.
SUITE D
ORANGE CITY, FL 32763 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MELGEN, VICTOR M.D.
Address: 938 SAXON BLVD., SUITE D
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR () Delete
Name: NAIR, SANTOSH M.D.
Address: 938 SAXON BLVD., SUITE D
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MELGEN, VICTOR W M.D.
Address: 938 SAXON BLVD., SUITE D
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR (X) Change () Addition
Name: NAIR, SANTOSH M M.D.
Address: 938 SAXON BLVD., SUITE D
City-St-Zip: ORANGE CITY, FL 32763 US

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 is true and accurate and that my electronic 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: VICTOR W. MELGEN, MD MGR 01/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date