

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119872

FILED
Jan 11, 2011
Secretary of State

Entity Name: SPDC WALDEMERE, LLC

Current Principal Place of Business:

1921 WALDEMERE STREET SUITE
SUITE 107
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-1519634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIERA, CANDACE A
1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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: MGRM
Name: THE HERNANDO WEBER REVOCABLE TRUST
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: COVER, DOMINICK E MD
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: GHOSE, RANJAN P MD
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: FINEMAN, STEVEN W MD
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: MAGIERA, CANDACE A
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: BOBISH, DAVID
Address: 1921 WALDEMERE STREET SUITE 107
City-St-Zip: SARASOTA, FL 34239

I hereby 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: CANDACE A. MAGIERA

MGRM

01/11/2011

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