

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005960

FILED
Apr 29, 2008
Secretary of State

Entity Name: GARDENS MEDICAL PAVILION, LLC

Current Principal Place of Business:

2801 PGA BLVD, SUITE 220
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2801 PGA BLVD, SUITE 220
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 11-3802278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAXMAN, BRIAN K
5601 CORPORATE WAY, SUITE 404
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

WAXMAN, BRIAN K
2801 PGA BLVD. SUITE 220
PALM BEACH GARDENS, FL 33410 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAXMAN, BRIAN K
Address: 2801 PGA BLVD, SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: APPLEFIELD, PETER J
Address: 5601 CORPORATE WAY, SUITE 404
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: APPLEFIELD, PETER J
Address: 2801 PGA BLVD. SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: PETER J APPLEFIELD

MGRM

04/29/2008

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