2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000093630

Entity Name: PSL MEDICAL COMPLEX LLC

Current Principal Place of Business:

1700 SE HILLMOOR DRIVE
STE 102
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1700 SE HILLMOOR DRIVE
STE 102
PORT ST. LUCIE, FL 34952

New Mailing Address:

10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONIDI, FRANCIS
1700 SE HILLMOOR DRIVE
STE 102
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CONIDI, FRANCIS
10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952 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: CONIDI, FRANCIS
Address: 1700 SE HILLMOOR DRIVE, STE 102
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CONIDI, FRANCIS
Address: 10377 S. US HIGHWAY 1 SUITE 104
City-St-Zip: PORT ST. LUCIE, FL 34952

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: FRANCIS X CONIDI MGR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date