## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000007971

Address:

City-St-Zip:

790 DUNLAWTON AVE. STE E

PORT ORANGE, FL 32127

Entity Name: DUNLAWTON MEDICAL ASSOCIATES, LLC

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 790 DUNLAWTON AVE SUITE E PORT ORANGE, FL 32127 **New Mailing Address: Current Mailing Address:** 790 DUNLAWTON AVE SUITE E PORT ORANGE, FL 32127 FEI Number: 59-3659620 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BILLMEIR, DAVID MD 790 DUNLAWTON AVE. SUITE E PORT ORANGE, FL 32127 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BILLMEIER, DAVID MD Name: Name: Address: 790 DUNLAWTON AVE. STE E Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KENDRICK, MARK MD Name: Address: 790 DUNAWTON AVE. STE E Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BERNANDO, GEORGE MD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RACHEL LEONDIKE MGR 04/27/2007