


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90125 048 ***138.75

| | |
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| DOCUMENT # L00000010608 |  |
| 1. Entity Name MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C. | |

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| Principal Place of Business 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 | Mailing Address 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 |
|--|--|

60021103



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01212008 Chg-LLC CR2E083 (12/06)

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|------------------------------------|--|
| 4. FEI Number 59-6144778 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUSSELL, A. BARNARD M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SITES, JOHN D M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SENECHAL, PETER K M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: B.A. Bucklew, M.D. **4/3/2008** **(850) 243-7681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #