

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011349

FILED
Apr 27, 2007
Secretary of State

Entity Name: PALMER CLINIC ON THE KEY, LLC

Current Principal Place of Business:

240 CRANDON BLVD., SUITE 215
KEY BISCAYNE, FL 33149

New Principal Place of Business:

800CRANDON BLVD., SUITE 201
KEY BISCAYNE, FL 33149

Current Mailing Address:

240 CRANDON BLVD., SUITE 215
KEY BISCAYNE, FL 33149

New Mailing Address:

800CRANDON BLVD., SUITE 201
KEY BISCAYNE, FL 33149

FEI Number: 75-2972678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F JR.
95 MERRICK WAY, SUITE 440
CORAL GABLES, FL 33134 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 () Delete
Name: PALMER, ROGER F M.D.
Address: 240 CRANDON BLVD. #215
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: PALMER, NELIDA
Address: 240 CRANDON BLVD #215
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, ROGER F M.D.
Address: 800 CRANDON BLVD. #201
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change () Addition
Name: PALMER, NELIDA
Address: 800 CRANDON BLVD #201
City-St-Zip: KEY BISCAYNE, FL 33149

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: NELIDA PALMER

MGRM

04/27/2007

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