


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JAN 31 AM 9:25


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015146 1. Entity Name IMHOTEP HEALTH AND VIDEO COMPLEX, LLC	
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Principal Place of Business 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308	Mailing Address 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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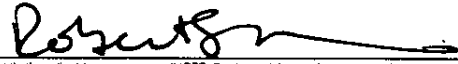


01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3693370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HIGHTOWER, ROBERT S 241 EAST VIRGINIA STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Robert S. Hightower Street Address (P.O. Box Number is Not Acceptable) 128 Salem Court City Tallahassee FL Zip Code 32301
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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.

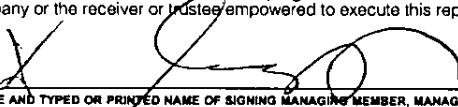
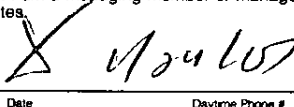
SIGNATURE ROBERT S. HIGHTOWER  1/5/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007		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	MGR WEBSTER, JOSEPH L SR, MD 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: large;"> 200087357612 02/05/07--01010--027 **250.00 </div>	<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	
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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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #