2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001320

1. Entity Name
LEMON BAY MEDICAL FACILITIES, L.L.C.

Principal Place of Business	Mailing Address
1885 ENGLEWOOD ROAD ENGLEWOOD, FL 34223	1885 ENGLEWOOD ROAD ENGLEWOOD, FL 34223

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-1088088
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BASSETTI, KAREN
1885 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	LOGAN, STEPHEN
STREET ADDRESS	8255 MANASOTA KEY RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	BASSETTI, KAREN
STREET ADDRESS	2140 W. DOPHIN DR.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	SHARMA, OM
STREET ADDRESS	144 BRANDYWINE CIR.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000796023
01/29/08-80016-005 138.75

DO NOT WRITE IN THIS SPACE

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: _____ 1/18/08 941-475-8291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #