

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011043

FILED
Apr 23, 2008
Secretary of State

Entity Name: SAMUEL L. MCLEOD, III, M.D. LLC

Current Principal Place of Business:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

550 E STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Mailing Address:

550 E STATE ROAD 434
LONGWOOD, FL 32750

FEI Number: 07-5400478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: MGR () Delete
Name: SAMUEL, MCLEOD M.D.
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMUEL, MCLEOD M.D.
Address: 550 E STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

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: DENNIS J. BUHRING

MGRM

04/23/2008

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