2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L01000011043

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

Current Principal Place of Business:

550 E STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

550 E STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

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:

PA MANAGEMENT LLC
235 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

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: DENNIS J. BUHRING 04/29/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SAMUEL, MCLEOD M.D.
Address: 235 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 Statues.

SIGNATURE: DENNIS J. BUHRING MGR 04/29/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date