2008 LIMITED LIABILITY COMPANY

Jan 22, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L01000011838** 01-22-2008 90124 032 ***138.75 1. Entity Name ARTHUR L. DAY, M.D. MEDICAL CONSULTING, L.C. Principal Place of Business Mailing Address 60002993 114 NE FIRST STREET POST OFFICE BOX 308 TRENTON, FL 32693 TRENTON, FL 32693 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3736331 Not Applicable Country Zio Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURT, THEODORE M Street Address (P.O. Box Number is Not Acceptable) 114 NE FIRST STREET TRENTON, FL 32693 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Addition TITLE Delete DAY, ARTHUR L NAME NAME 5 SANDHILL CRANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND, FL 32034 ☐ Change TITLE Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE . ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

R, OR AUTHORIZED REPRESENTATIVE INTED NAME OF SIGHING MANAGING MEMBER, MANAGE

FILED

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