

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L01000015724

1. Entity Name
AESCULAPIAN MANAGEMENT COMPANY, LLC



Principal Place of Business
943 S. BENEVA ROAD SUITE 306
SARASOTA, FL 34232

Mailing Address
943 S. BENEVA ROAD SUITE 306
SARASOTA, FL 34232



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3744992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, GEOFFREY G
943 S. BENEVA ROAD, STE. 306
SARASOTA, FL 34232

**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 _____

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

1000000893043
04/16/08-80064-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEELE, JOHN M
STREET ADDRESS	943 S BENEVA RD # 204
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	HOLLEN, CHARLES R
STREET ADDRESS	3333 CUTTLEMEN ROAD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	QUARLES, PETER R
STREET ADDRESS	921 S BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	SOUSSOU, ISSAM
STREET ADDRESS	3333 CUTLEMEN RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGRM
NAME	POWELL, RANDY
STREET ADDRESS	921 S BENEVA RD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MGR
NAME	SIMON, GEOFFREY G
STREET ADDRESS	943 S BENEVA RD # 306
CITY-ST-ZIP	SARASOTA, FL 34232

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DR. JOHN M STEELE

3-26-08

941 955 1108

Date

Daytime Phone #