

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015724

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** AESCULAPIAN MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

943 S. BENEVA ROAD SUITE 306  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

943 S. BENEVA ROAD SUITE 306  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 59-3744992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMON, GEOFFREY G  
943 S. BENEVA ROAD, STE. 306  
SARASOTA, FL 34232 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: MGRM  
Name: STEELE, JOHN M  
Address: 943 S BENEVA RD # 204  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: HOLLEN, CHARLES R  
Address: 3333 CATTLEMEN ROAD  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: QUARLES, PETER R  
Address: 921 S BENEVA RD  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: SOUSSOU, ISSAM  
Address: 3333 CATTLEMEN RD  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: POWELL, RANDY  
Address: 921 S BENEVA RD  
City-St-Zip: SARASOTA, FL 34232

Title: MGR  
Name: SIMON, GEOFFREY G  
Address: 943 S BENEVA RD # 306  
City-St-Zip: SARASOTA, FL 34232

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 Statutes.

SIGNATURE: JOHN M STEELE

MGRM

04/29/2010

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