04-21-2008 90311 002 ***138.00

L01000019607

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2:59

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019607

1. Entity Name
NORTH PORT MEDICAL, L.L.C.

Principal Place of Business	Mailing Address
13815 S TAMIAMI TRAIL NORTH PORT, FL 34287	13815 S TAMIAMI TRAIL NORTH PORT, FL 34287

01192008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153572
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

MELLOR, CORD C
13801-D TAMIAMI TRAIL
NORTH PORT, FL 34287

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 _____ DATE
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GUTIERREZ, ROBERT F
STREET ADDRESS	13815 S TAMIAMI TRAIL
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	MGR
NAME	CISLO, DAVID G
STREET ADDRESS	13815 S TAMIAMI TRAIL
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X [signature] X 3-5-08 941-426-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #