


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000018054 1. Entity Name UNIVERSITY OF FLORIDA HEALTH SERVICES INSTITUTE, LLC	
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Principal Place of Business J. HILLIS MILLER HEALTH CTR, RM. M-110 P.O. BOX 100215 GAINESVILLE, FL 32610	Mailing Address J. HILLIS MILLER HEALTH CTR, RM. M-110 P.O. BOX 100215 GAINESVILLE, FL 32610
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03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2357609	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THARP, WILLIAM W 1329 S.W. 16TH STREET, SUITE 4250 GAINESVILLE, FL 32608

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN HEALTHCARE FOUNDATION, INC. 1600 SW ARCHER ROAD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TISHER, C. CRAIG 1600 SW ARCHER ROAD GAINESVILLE, FL 32608
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04/10/07-80066-001 50.00

**DO NOT WRITE
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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: C. Craig Tisher 3/12/07 (352) 846-2473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #