2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L02000018779

Entity Name: PALM COAST MEDICAL SPECIALISTS, L.L.C.

Current Principal Place of Business:

9 PINE CONE DRIVE, STE. 104A
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

595 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174

New Mailing Address:

595 WEST GRANADA BLVD.
A
ORMOND BEACH, FL 32174

FEI Number: 33-1024372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, STEVEN J
3 PINE CONE DR STE 106
PALM COAST, FL 32137 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 ( ) Delete
Name: ALTER, DENNIS T
Address: 6 INDIAN MOUND COURT
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM ( ) Delete
Name: BROWN, STEVEN J
Address: 39 OLD BRIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DENNIS T. ALTER, M.D. MGRM 03/31/2008

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