2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L02000021774

Entity Name: CAMBRIDGE CLINIC NORTH, P.L.

Current Principal Place of Business:

927 11TH ST. WEST
PALMETTO, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49676
SARASOTA, FL 342306766

New Mailing Address:

FEI Number: 14-1843563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, DAVID
2222 SOUTH TAMIAMI TRAIL
SUITE C
SARASOTA, FL 34239 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: MGR ( ) Delete
Name: LIEURANCE, JOHN A
Address: 622 AVENIDA DE MAYO
City-St-Zip: SIESTA KEY, FL 34242

ADDITIONS/CHANGES:

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: JOHN A. LIEURANCE MM 05/29/2008

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