## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026893

Entity Name: LAWRENCE H. FINK, M.D., FACS, P.L.

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5741 BEE RIDGE ROAD 7700 ALISTER MACKENZIE DRIVE

SUITE 530 SARASOTA, FL 34240 SARASOTA, FL 342335064

Current Mailing Address: New Mailing Address:

5741 BEE RIDGE ROAD PO BOX 25504

SUITE 530 SARASOTA, FL 34277 SARASOTA, FL 34235064

FEI Number: 06-1651019 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FINK, LAWRENCE H M.D.

5741 BEE RIDGE ROAD

7700 ALISTER MACKENZIE DRIVE

SUITE 530 SARASOTA, FL 34240 US SARASOTA, FL 34235064 US

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: LANA PAT FINKL 03/13/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MS (X) Change ( ) Addition

 Name:
 FINK, LAWRENCE H M.D.
 Name:
 FINK, LANA P

 Address:
 5741 BEE RIDGE ROAD
 Address:
 7700 ALISTER MACKENZIE DRIVE

 City-St-Zip:
 SARASOTA, FL 34233 US
 City-St-Zip:
 SARASOTA, FL 34240 US

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: LANA PAT FINK MS 03/13/2008