

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90116 031 \*\*\*\*50.00

60043000



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **57-1134973** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CASE, JAMES W  
8425 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME SHANMUGHAM, SADRAS MD  
STREET ADDRESS 4326 RIVER BIRCH DRIVE  
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE MGR ☐ Delete  
NAME DEAM, DAVID MD  
STREET ADDRESS 4028 GULF VIEW DRIVE  
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE MGR ☐ Delete  
NAME ROEBUCK, BRIAN M MD  
STREET ADDRESS 6159 NEW OSPREY POINT  
CITY-ST-ZIP WEEKI WACHEE, FL 34607

TITLE MGR ☐ Delete  
NAME GARCIA, LYNDON O MD  
STREET ADDRESS 9478 MONTEBELLO LANE  
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE MGR ☐ Delete  
NAME DEVABOSE, NATHAN C MD  
STREET ADDRESS 7377 ROYAL OAK DRIVE  
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME LAURIAN V. MOHAI MD  
STREET ADDRESS 132 MINERVA PL  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information indicated on this report is true and correct for the limited liability company or the record. I do not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information stated shall have the same legal effect as if made under oath; that I am a managing member or manager of the company and I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID DEAM, MD 4/26/07 352-686-5023