2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 OCT -3 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030050

1. Entity Name
SCOTT J. LOESSIN, MD, LLC

Principal Place of Business	Mailing Address
1890 LPGA BLVD SUITE 150 DAYTONA BEACH, FL 32117	1890 LPGA BLVD SUITE 150 DAYTONA BEACH, FL 31211-7

06232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
311 North Clyde Morris Blvd.	
Suite, Apt. #, etc.: 510	Suite, Apt. #, etc.: Same
City & State: Daytona Beach, FL	City & State:
Zip: 32114 Country: USA	Zip: Country:

4. FEI Number: 55-0801890 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOESSIN, SCOTT J 1890 LPGA BLVD. SUITE 150 DAYTONA BEACH, FL 32117	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOESSIN, SCOTT J MD 1890 LPGA BLVD, SUITE 150 DAYTONA BEACH, FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 311 N. Clyde Morris Blvd. 510 Daytona Beach, FL 32114
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S00136530895 10/01/08--01038--007 **539.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JJ Loessin 9/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING~~ MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #