

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030885

FILED
Mar 25, 2009
Secretary of State

Entity Name: KINGS HIGHWAY MEDICAL GROUP, L.C.

Current Principal Place of Business:

2484C CARING WAY
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4235 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980

Current Mailing Address:

P.O. BOX 510065
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 71-0910174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLE, GARY A ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: HERNANDEZ, MANUEL M.D.
Address: 12740 TERABELLA WAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: MAAS, MARIA CELINA TRUSTEE
Address: 1775 CITRON ST.
City-St-Zip: CHARLOTTE HARBOR, FL 33980

Title: MGR () Delete
Name: GIL, RAMON A M.D.
Address: 197 ROSELLE CT.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

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: MANUEL HERNANDEZ MD

MGR

03/25/2009

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