

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010684

FILED
Apr 16, 2008
Secretary of State

Entity Name: JAMES C. SANDERSON, M.D., L.L.C.

Current Principal Place of Business:

4168 WOODLANDS PARKWAY
SUITE B
PALM HARBOR, FL 34685

New Principal Place of Business:

3885 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 1579
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 77-0594360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SANDERSON, JAMES C
3885 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 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: JAMES C SANDERSON

04/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDERSON, JAMES C
Address: 4168 WOODLANDS PARKWAY, SUITE B
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANDERSON, JAMES C
Address: 3885 TAMPA RD, SUITE B
City-St-Zip: OLDSMAR, FL 34677

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: JAMES C SANDERSON

MGR

04/16/2008

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