2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L03000013379

Entity Name: BEACHES MEDICAL, LLC

Current Principal Place of Business:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217 US

New Principal Place of Business:

3316 3RD STREET SOUTH
SUITE 102
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217 US

New Mailing Address:

FEI Number: 01-0777730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTLETT, BARON L
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082 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: MGRM ( ) Delete
Name: BRINK, JEFFREY E MD
Address: P.O. BOX 3217
City-St-Zip: PONTE VEDRA BEACH, FL 320043217 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY E. BRINK, M.D. MGRM 01/11/2007

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