

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017682

FILED
Apr 30, 2008
Secretary of State

Entity Name: JAG MEDICAL OF SOUTH WEST FLORIDA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2338 IMMOKALEE RD.
PMB #356
NAPLES,, FL 34110

New Principal Place of Business:

.23435 CORAL BEAN CT
BONITA SPRINGS, FL 34134

Current Mailing Address:

2338 IMMOKALEE RD.
PMB #356
NAPLES,, FL 34110

New Mailing Address:

23435 CORAL BEAN CT
BONITA SPRINGS, FL 34134

FEI Number: 56-2359510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELL-GRANITZ, PATRICIA
23435 CORAL BEAN CT.
BONITA SPRINGS, FL 34134 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: GRANITZ, PATRICIA A
Address: 2338 IMMOKALEE ROAD PMB#356
City-St-Zip: BONITA SPRINGS, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRANITZ, PATRICIA A
Address: 23435 CORAL BEAN CT
City-St-Zip: BONITA SPRINGS, FL 34134

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: PATRICIA ANGELL GRANITZ

MGR

04/30/2008

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