

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028934

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: MAXFIELD MEDICAL BUILDING, LLC

## Current Principal Place of Business:

401 N. CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 US

## New Principal Place of Business:

## Current Mailing Address:

401 N. CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 US

## New Mailing Address:

FEI Number: 65-1200547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESHAD, JOHN W  
401 N. CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 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: MESHAD, JOHN W  
Address: 401 N. CATTLEMEN ROAD #100  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: MESHAD, GAVIN W  
Address: 401 N CATTLEMEN RD #100  
City-St-Zip: SARASOTA, FL 34232

Title: SEC ( ) Delete  
Name: BROWN, PAMELA S  
Address: 401 N CATTLEMEN RD #100  
City-St-Zip: SARASOTA, FL 34232

Title: TR ( ) Delete  
Name: MESHAD, ELAINE B  
Address: 401 N CATTLEMEN RD #100  
City-St-Zip: SARASOTA, FL 34232

## 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:

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: JOHN W. MESHAD

MGR

04/02/2007

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