


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90128 020 ***143.75

DOCUMENT # L03000037906 1. Entity Name STEPHEN W. DUNCAN, M.D., P.L.	
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Principal Place of Business 2414 EAST PLAZA DRIVE STE. A TALLAHASSEE FL 32308	Mailing Address PO BOX 14266 TALLAHASSEE FL 32317 US
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2. Principal Place of Business - No P.O. Box # 1845 Jacif Court	3. Mailing Address PO Box 14225
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

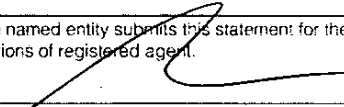
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32308	Zip 32317
Country Leon	Country Leon

4. FEI Number 20-0463093	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, STEPHEN W M.D. 2414 EAST PLAZA DRIVE STE. A TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name Stephen Duncan Street Address (P.O. Box Number is Not Acceptable) 4321 Jackson View Drive City Tallahassee FL Zip Code 32303
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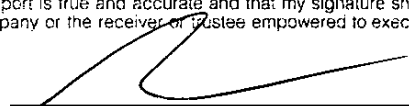
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNCAN, STEPHEN W M.D. PO BOX 14266 TALLAHASSEE FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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