

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000038622

1. Entity Name
WOOLDRIDGE MEDICAL CLINIC, L.L.C.



Principal Place of Business

1345 WEST BAY DR.
SUITE 301
LARGO, FL 33770

Mailing Address

1345 WEST BAY DR.
SUITE 301
LARGO, FL 33770



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0294984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOLDRIDGE, ROBERT L
9310 136TH WAY NORTH
SEMINOLE, FL 33776

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000579937
01/10/07-80027-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE VP
NAME WOOLBRIDGE, ROBERT L
STREET ADDRESS 9310 136 WAY N.
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE P
NAME MOLES, MATTHEW
STREET ADDRESS 1345 WEST BAY DR, STE 301
CITY-ST-ZIP LARGO, FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-07 (617) 581-6984