

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039805

Entity Name: JOHN SPENCE, LLC

FILED
Feb 10, 2008
Secretary of State

Current Principal Place of Business:

14722 NW 140TH ST
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357606
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 27-0070018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHYSICIAN ADVISORY GROUP, INC.
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

PHYSICIAN ADVISORY GROUP, INC.
14722 NW 140TH STREET
ALACHUA, FL 32615 US

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: NEIL ROSIN

02/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPENCE, JOHN B
Address: P.O. BOX 357606
City-St-Zip: GAINESVILLE, FL 32635 US

Title: MGR () Delete
Name: SPENCE, SHEILA A
Address: P.O. BOX 357606
City-St-Zip: GAINESVILLE, FL 32635 US

ADDITIONS/CHANGES:

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 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: SHEILA SPENCE

MGR

02/10/2008

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