2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L04000011451

Entity Name: SPECIALTY DISEASE MANAGEMENT SERVICES - FMOB, LLC

Current Principal Place of Business:

3030 HARTLEY RD, STE 290
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY RD, STE 290
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-0719385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, FREDERIC S
3030 HARTLEY RD, STE 290
JACKSONVILLE, FL 32257 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: MGRM ( ) Delete
Name: SPECIALTY DISEASE MA, NAGEMENT SERVI C ES, INC
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: U. S. CARE MANAGEMEN, T, INC
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257

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: CHARLES W. SMITHERS, JR. MGR 04/11/2008

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