2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

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Entity Name: CAROLYN SCOTT CAIN, M.D., L.L.C.

Current Principal Place of Business:

2775 SW 53RD STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2775 SW 53RD STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-1137548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: SCOTTCAIN, CAROLYN MD
Address: 2775 SW 53RD STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CAIN, CAROLYN S MD
Address: 2775 SW 53RD STREET
City-St-Zip: OCALA, FL 34474

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: CAROLYN SCOTT CAIN PRES 01/04/2007

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