2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

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Entity Name: HOLLEY-NAVARRE MEDICAL CLINIC, P.L.L.C.

Current Principal Place of Business:

7552 NAVARRE PARKWAY, STE. 28
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

PO BOX 5525
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-1344711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVENS, JASON E
1223 AIRPORT ROAD
SUITE 101
DESTIN, FL 32541 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: RUDMAN, JOEL D M.D.
Address: 1933 CARDINAL LANE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

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: JOEL RUDMAN MM 03/03/2008

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