2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L04000053990

Entity Name: PUNTA GORDA VILLAGE HEALTH CENTERS, LLC

Current Principal Place of Business:

329 E. OLYMPIA AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

329 E. OLYMPIA AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-1459836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNN, RANDALL F
329 E OLYMPIA AVENUE
PUNTA GORDA, FL 33950 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: MGR ( ) Delete
Name: GILMAN, MILES E
Address: 3769 STEWART AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete
Name: DUNN, RANDALL F
Address: 2211 BERMUDA STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

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: MILES E GILMAN MGR 05/02/2008

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