

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058201

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: SPA MD OF PALM HARBOR, LLC

**Current Principal Place of Business:**

3251 MCMULLEN BOOTH ROAD  
SUITE 301  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3251 MCMULLEN BOOTH ROAD  
SUITE 301  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 20-1469713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAPORITO, MONICA L  
3251 MCMULLEN BOOTH ROAD SUITE 301  
CLEARWATER, FL 33761 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: HAMPSEY, JAMES P  
Address: 1031 BAY ESPLANADE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGRM ( ) Delete  
Name: SCHROEDER, TERRY  
Address: 2180 MARY LANE  
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM ( ) Delete  
Name: BOWMAN, STEVEN C  
Address: 3007 OAK CREEK DR  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM ( ) Delete  
Name: SAPORITO, MONICA L  
Address: 631 HOUSE WREN CIRCLE  
City-St-Zip: CLEARWATER, FL 34683

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MONICA SAPORITO

MGRM

01/07/2008

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