## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000058201

Entity Name: SPA MD OF PALM HARBOR, LLC

631 HOUSE WREN CIRCLE

CLEARWATER, FL 34683

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 301	IULLEN BOOT ATER, FL 337			
Current Mailing Address:			New Mailing Address:	
Our circ iii	idiling Addic		new maning Address	<b>.</b>
SUITE 301	IULLEN BOOT ATER, FL 337			
FEI Number:	: 20-1469713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
3251 MCM	D, MONICA L IULLEN BOOT ATER, FL 337	TH ROAD SUITE 301 61 US		
	named entity of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	HAMPSEY, JA 1031 BAY ESF		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( SCHROEDER, 2180 MARY LA PALM HARBOI	NE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( BOWMAN, STI 3007 OAK CRI CLEARWTATE	EEK DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM (	) Delete	Title:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: MONICA SAPORIOT MGMR 03/20/2009