

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060501

Entity Name: SAMUEL E. WARD, M.D., P.L.

FILED  
Apr 19, 2008  
Secretary of State

**Current Principal Place of Business:**

1410 BRICKYARD ROAD  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**  
3803 GALILEE ROAD  
GRACEVILLE, FL 32440

**New Mailing Address:**

FEI Number: 20-1503890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WARD, SAM E  
3803 GALILEE ROAD  
GRACEVILLE, FL 32440 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: WARD, SAM E  
Address: 3803 GALILEE ROAD  
City-St-Zip: GRACEVILLE, FL 32440

**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: SAM E. WARD

MGRM

04/19/2008

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