

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


04-29-2008 90031 014 \*\*\*143.75  
L04000061239

**FILED**

08 MAY 21 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000061239  
1. Entity Name  
BIG BEND MEDICAL PARK, LLC



Principal Place of Business 27001 US HWY 19 N SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 US HWY 19 N SUITE 2095 CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1511657	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SCHER DAVID~~ Pollack, Loren  
27001 US HWY 19 N  
SUITE 2095  
CLEARWATER, FL 33761

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Loren M. Pollack*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager David Scher 27001 US Hwy 19 N, Ste. 2095 Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Loren M. Pollack 27001 US Hwy 19 N, Ste. 2095 Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Loren M. Pollack* 3/18/08 727 796-1077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #