

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061239

FILED
Mar 11, 2009
Secretary of State

Entity Name: BIG BEND MEDICAL PARK, LLC

Current Principal Place of Business:

27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-1511657 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)

Name and Address of Current Registered Agent:

POLLACK, LOREN
27001 US HWY 19 N
SUITE 2095
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: MGR () Delete
Name: SCHER, DAVID
Address: 27001 US HWY 19 N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGR () Delete
Name: POLLACK, LOREN M
Address: 27001 US HWY 19 N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

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: LOREN M. POLLACK MGR 03/11/2009

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