

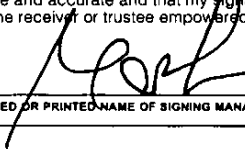


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90162 016 ****50.00

DOCUMENT # L04000063762 1. Entity Name POLK UNITED MEDICAL ASSOCIATION LLC					
Principal Place of Business 2239 NORTH BLVD. W DAVENPORT, FL 33837			Mailing Address 2239 NORTH BLVD. W DAVENPORT, FL 33837		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1776207	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AM&E SERVICES LLC 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO, FL 32802			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANUDENS, CLAUDIO 6235 SOUTH HAMPSHIRE COURT WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANUDENS, CLAUDIO
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-2-07 Daytime Phone #		