

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90097 022 \*\*\*143.75

**DOCUMENT # L04000078586**

1. Entity Name  
**CLINIC BUILDING II, LLC**



Principal Place of Business  
**340 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401**

Mailing Address  
**340 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401**

**50002705**

2. Principal Place of Business - No P.O. Box #  
**80 DOCTORS DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**80 DOCTORS DRIVE**  
Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State  
**PANAMA CITY FL**  
Zip  
**32405**  
Country  
**USA**

City & State  
**PANAMA CITY FL**  
Zip  
**32405**  
Country  
**USA**

4. FEI Number  
**20-1811239**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DUNN, NEAL P  
80 DOCTORS DR  
PANAMA CITY, FL 32405**

**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

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, NEAL P 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEALEY, DENIS E 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEISWANGER, JAY C 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, CARLOS E 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EISENBROWN, J N 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, MICHAEL A 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HITT, WARREN T., M.D. 80 DOCTORS DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/7/8**

**850-785-8557**