


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000080057 1. Entity Name SPAMER MEDICAL MANAGEMENT, LLC	
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Principal Place of Business 2660 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	Mailing Address C/O THOMAS C VARVARO AND CO, PC 2387 NEW YORK AVENUE, STE. 4 HUNTINGTON STATION, NY 11746
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1856256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB SPAMER, OTTO G 2660 SOUTH OCEAN BLVD PALM BEACH, FL 33480
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01/14/08-80025-025 138.75

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: *Thomas C. Varvaro, CPA* (Thomas C. Varvaro) 1/4/08 631 271-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #