

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 029 ***143.75

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1. Entity Name
PALMS MEDICAL PROPERTIES, LLC



Principal Place of Business

**109 W. KNAPP AVENUE
EDGEWATER, FL 32132**

Mailing Address

**109 W. KNAPP AVENUE
EDGEWATER, FL 32132**

60010000



02122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2003707

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE STE. 115
JACKSONVILLE, FL 32204**

**MAGGIE O'DONNELL
109 W. KNAPP AVE.
EDGEWATER, FL
32132**

**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 Maggie O'Donnell MAGGIE O'DONNELL PRACTICE ADMINISTRATOR 2/13/08
Signed, 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	MGRM
NAME	METCHICK, LEE N M.D
STREET ADDRESS	109 W. KNAPP AVENUE
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	MGRM
NAME	METCHICK, HEATHER M M.D
STREET ADDRESS	109 W. KNAPP AVENUE
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: LEE N. METCHICK, M.D. 2/13/08 386-427-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #