2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

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Entity Name: STRINGER, DESAUTEL AND SENERIZ, LLC

Current Principal Place of Business:

609 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

609 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 02-0742060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRINGER, THOMAS F M.D.
609 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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:	MGRM	( ) Delete
Name:	STRINGER, THOMAS F M.D.	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	MGRM	( ) Delete
Name:	STRINGER, LEAH	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	MGRM	( ) Delete
Name:	DESAUTEL, MICHAEL D M.D.	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	MGRM	( ) Delete
Name:	DESAUTEL, DEBORAH	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	MGRM	( ) Delete
Name:	SENERIZ, MANUEL L M.D.	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	
Title:	MGRM	( ) Delete
Name:	SENERIZ, SHANNON N	
Address:	609 W. HIGHLAND BLVD.	
City-St-Zip:	INVERNESS, FL 34452	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: THOMAS F STRINGER MD MGRM 04/20/2007

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