

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029130

FILED
Feb 13, 2007
Secretary of State

Entity Name: EAGLE MEDICAL GROUP, LLC

Current Principal Place of Business:

416 ADMIRAL COVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

416 ADMIRAL COVE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 20-0515986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERI, WILLIAM M
416 ADMIRAL COVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

CAVALIERI, WILLIAM SR
416 ADMIRAL COVE
TARPON SPRINGS, FL 34689 US

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: WILLIAM CAVALIERI SR.

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAVALIERI, WILLIAM
Address: 416 ADMIRAL COVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: CAVALIERI, WILLIAM JR.
Address: 2653 SIERRA VISTA WAY
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: SMITH, MICHELLE M
Address: 10340 ARMADILLO COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: FARRELL, BRADY
Address: 6364 NW 93RD ST
City-St-Zip: PARKLAND, FL 33067

Title: MGRM () Delete
Name: CAVALIERI, JUDY I
Address: 416 ADMIRAL COVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Delete
Name: CAVALIERI, ROBERT R
Address: 1631 AFRICIAN VIOLET CT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAVALIERI, WILLIAM JR
Address: 2653 SIERRA VISTA WAY
City-St-Zip: HOLIDAY, FL 34691

Title: MGR (X) Change () Addition
Name: CAVALIERI, ROBERT R
Address: 1631 AFRICIAN VIOLET WAY
City-St-Zip: TRINITY, FL 34655

Title: MGR (X) Change () Addition
Name: SMITH, MICHELLE M
Address: 10340 ARMADILLO COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGR (X) Change () Addition
Name: FARRELL, BRADY
Address: 6364 NW 93RD ST
City-St-Zip: PARKLAND, FL 33067

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: WILLIAM CAVALIERI SR

RA

02/13/2007

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