2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2007
Secretary of State

DOCUMENT# L05000043377

Entity Name: SAMUEL WILLIAMS, M.D., P.L.

Current Principal Place of Business:

18500 O'HARA DRIVE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18500 O'HARA DRIVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-3056096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPOLITANO, JOHN E ESQ.
100 WALLACE AVE., SUITE 240
SARASOTA, FL 34237 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: WILLIAMS, SAMUEL M.D.
Address: 18500 O'HARA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL WILLIAMS M 06/26/2007

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