

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056091

Entity Name: SARACAR, LLC

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

1435 S. OSPREY AVE., SUITE 200
SARASTOA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1435 S. OSPREY AVE., SUITE 200
SARASTOA, FL 34239

New Mailing Address:

FEI Number: 20-4709274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGESON, JAMES O JR.
1515 RINGLING BLVD., TENTH FLOOR
SARASOTA, FL 34236 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: MGR () Delete
Name: LEWIS, CLIFTON M.D.
Address: 1435 S. OSPREY AVE., SUITE 200
City-St-Zip: SARASTOA, FL 34239

Title: MGR () Delete
Name: BEGGS, MARTIN L M.D.
Address: 1435 S. OSPREY AVE., SUITE 200
City-St-Zip: SARASTOA, FL 34239

ADDITIONS/CHANGES:

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: CLIFTON LEWIS, MD

MGR

03/31/2007

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