LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
2006 JAN -5 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000056565

1. Entity Name

REFERRAL NETWORK OF SARASOTA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1225 U.S. 41 Bypass South	1225 U.S. 41 Bypass South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	DO NOT WRITE IN THIS SPACE
City & State: VENICE	City & State: VENICE, FLORIDA
Zip: 34285 Country: USA	Zip: 34285 Country: USA

4. FEI Number: 20-330 1046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert M. Pretschner

Street Address (P.O. Box Number is Not Acceptable): Hodges, Avruns, Pretschner & Foeller, P.A.
1800 Second Street, Suite 803

City: Sarasota FL Zip Code: 34236

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
DUE UPON

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Member/ Managing Member Richard Wolters 1225 U.S. 41 Bypass South Venice, FL 34285	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200063694382 01/13/06--01063--013 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ RICHARD WALTERS 1/5/06 (941) 587-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #