2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094657

Entity Name: SAGOLI, LLC

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

793 HEALTHCARE DRIVE, SUITE 102 793 HEALTHCARE DRIVE ORANGE CITY, FL 32763

SUITE 102

ORANGE CITY, FL 32763

Current Mailing Address: New Mailing Address:

793 HEALTHCARE DRIVE, SUITE 102 793 HEALTHCARE DRIVE, SUITE 102 ORANGE CITY, FL 32763

C/O DR. CALDERON ORANGE CITY, FL 32763

FEI Number: 90-0249221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALDERON, SANTIAGO W CALDERON, SANTIAGO W 4036 BERMÚDA GROVE, PLACE 4036 BERMÚDA GROVE PLACE LONGWOOD, FL 32779 LONGWOOD, FL 32779

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: SANTIAGO W. CALDERON, MD 03/28/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition CHRISTEPH OF BERMUDA, GROVE CORPORA TION CHRISTEPH OF BERMUDA, GROVE CORP. Name: Name:

Address: 793 HEALTHCARE DRIVE, SUITE 102 Address: 793 HEALTHCARE DRIVE, SUITE 102

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: SANTIAGO W. CALDERON, MD 03/28/2006