

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096126

Entity Name: SOUTHPOINT MEDICAL LLC

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

51 OCEAN BREEZE DRIVE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

51 OCEAN BREEZE DRIVE
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 20-3570290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

ALMAND, AMOS F MGR PAR
51 OCEAN BREEZE DR.
ATLANTIC BEACH, FL 32233 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: AMOS F. ALMAND

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALMAND, AMAS F
Address: 51 OCEAN BREEZE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALMAND, AMOS F
Address: 51 OCEAN BREEZE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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: AMOS F ALMAND

MGR

03/15/2007

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