2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

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Entity Name: SANFORD N. PLEVIN, M.D., P.L.

Current Principal Place of Business:

3890 TAMPA ROAD, SUITE 301
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3890 TAMPA ROAD, SUITE 301
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 20-3622491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PLEVIN, SANFORD N
3890 TAMPA ROAD, SUITE 301
PALM HARBOR, FL 34684 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: M.D. ( ) Delete
Name: PLEVIN, SANFORD N M.D.
Address: 3890 TAMPA RD. STE.301
City-St-Zip: PALM HARBOR, FL 34684 US

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: SANFORD N. PLEVIN M.D. 03/19/2009

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