

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103677

FILED
Jan 06, 2006
Secretary of State

Entity Name: JUDE MEDICAL CLINIC, LLC.

Current Principal Place of Business:

P. O. BOX 5534
CLEARWATER, FL 33758

New Principal Place of Business:

2700 EAST BAY DRIVE
SUITE 101
LARGO, FL 33771

Current Mailing Address:

P. O. BOX 5534
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 20-3658384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOTONWA, KAYODE
1716 BELLEAIR ROAD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SOTONWA, KAYODE
2700 EAST BAY DRIVE
SUITE 101
LARGO, FL 33771 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: KAYODE SOTONWA, M.D.

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOTONWA, KAYODE M.D.
Address: P. O. BOX 5534
City-St-Zip: CLEARWATER, FL 33758

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 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: KAYODE SOTONWA, M.D.

MGR

01/06/2006

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