

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103677

FILED
Jan 21, 2008
Secretary of State

Entity Name: JUDE MEDICAL CLINIC, LLC.

Current Principal Place of Business:

2700 EAST BAY DRIVE
SUITE 101
LARGO, FL 33771

New Principal Place of Business:

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
2700 EAST BAY DRIVE
SUITE 101
LARGO, FL 33771 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: MGR () Delete
Name: SOTONWA, KAYODE M.D.
Address: P. O. BOX 5534
City-St-Zip: CLEARWATER, FL 33758

Title: MGRM () Delete
Name: SOTONWA, JUNA
Address: P. O. BOX 5534
City-St-Zip: CLEARWATER, FL 33758

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SOTONWA, KAYODE

MGR

01/21/2008

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