

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107463

FILED
Jun 20, 2006
Secretary of State

Entity Name: AMBULATORY CARE PHYSICIANS OF SARASOTA, L.L.C.

Current Principal Place of Business:

441 MEADOW LARK DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

2401 UNIVERSITY PARKWAY
SUITE 105
SARASOTA, FL 34243 US

Current Mailing Address:

441 MEADOW LARK DRIVE
SARASOTA, FL 34236

New Mailing Address:

2401 UNIVERSITY PARKWAY
SUITE 105
SARASOTA, FL 34236 US

FEI Number: 13-4314316 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMISON, JAMES E ESQ.
C/O WALTERS, LEVINE, ET AL
1800 SECOND STREET, SUITE 808
SARASOTA, FL 34236 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KAMM, STEVEN W M.D.
Address: 441 MEADOW LARK DRIVE
City-St-Zip: SARASOTA, FL 34236

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: STEVEN W KAMM

MGR

06/20/2006

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