

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107463

**FILED**  
**Jul 12, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

2401 UNIVERSITY PARKWAY  
SUITE 105  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

2401 UNIVERSITY PARKWAY  
SUITE 105  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 13-4314316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

**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: STEVEN KAMM

MANA

07/12/2007

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