

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107463

FILED
Jan 09, 2010
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 34243 US

New Mailing Address:

FEI Number: 13-4314316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMISON, JAMES E ESQ.
C/O WALTERS, LEVINE, ET AL
1819 MAIN STREET, SUITE 1110
SARASOTA, FL 34236 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
Name: KAMM, STEVEN W M.D.
Address: 2401 UNIVERSITY PARKWAY, SUITE 105
City-St-Zip: SARASOTA, FL 34243 US

Title: MGR
Name: ANGELASTRO, NICK DO
Address: 2401 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34243 US

Title: MGR
Name: COLGATE, WILLIAM MD
Address: 2401 UNIVERSITY PARKWAY, SUITE 105
City-St-Zip: SARASOTA, FL 34243 US

Title: MGR
Name: HOLLAND, REUBEN MD
Address: 2401 UNIVERSITY PARKWAY, SUITE105
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR
Name: AVILA, ALBERT MD
Address: 2401 UNIVERSITY PARKWAY, SUITE 105
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR
Name: SCHREMMER, MIKE MD
Address: 2401 UNIVERSITY PARKWAY, SUITE 105
City-St-Zip: SARASOTA, FL 34236 US

I hereby 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

MGR

01/09/2010

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