
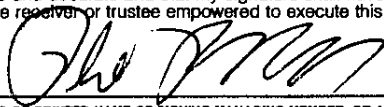


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L05000108696		
1. Entity Name PHILIP REGALA, MD, P.L.		
Principal Place of Business 1350 TAMiami TRAIL NORTH, SUITE 203 NAPLES, FL 34102	Mailing Address 1350 TAMiami TRAIL NORTH, SUITE 203 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NICI, JAMES R ESQ. C/O COX & NICI 1185 IMMOKALEE ROAD, SUITE 110 NAPLES, FL 34110		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGALA, PHILIP MD 1350 TAMiami TRAIL NORTH, SUITE 203 NAPLES, FL 34102	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  2/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		



02282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0754470	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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03/20/08-80009-009 138.75