

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113803

Entity Name: YOUNGQUIST MEDICAL, LLC

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

15401 ALICO ROAD
FT. MYERS, FL 33913 US

New Principal Place of Business:

12379 CRYSTAL COMMERCE LOOP
FT. MYERS, FL 33966 US

Current Mailing Address:

15401 ALICO ROAD
FT. MYERS, FL 33913 US

New Mailing Address:

12379 CRYSTAL COMMERCE LOOP
FT. MYERS, FL 33966 US

FEI Number: 20-3852987 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:

YOUNGQUIST, HARVEY B JR.
15401 ALICO ROAD
FT. MYERS, FL 33913 US

Name and Address of New Registered Agent:

YOUNGQUIST, HARVEY B JR.
12379 CRYSTAL COMMERCE LOOP
FT. MYERS, FL 33966 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:

05/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUNGQUIST, HARVEY B JR.
Address: 15401 ALICO ROAD
City-St-Zip: FT. MYERS, FL 33913 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YOUNGQUIST, HARVEY B JR.
Address: 12379 CRYSTAL COMMERCE LOOP
City-St-Zip: FT. MYERS, FL 33966 US

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: HARVEY YOUNGQUIST JR.

MR.

05/25/2007

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