2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90034 028 ****50.00

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1. Entity Name
SANDRA CHECCA, M.D., LLC

Principal Place of Business	Mailing Address
390 SNAPDRAGON LOOP BRADENTON, FL 34212	390 SNAPDRAGON LOOP BRADENTON, FL 34212

03262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.: 800 N, Tamiami Tr. #407		Suite, Apt. #, etc.: 800 N. Tamiami Tr. #407	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34236	Country	Zip: 34236	Country

4. FEI Number: 20-5071203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHECCA, SANDRA M.D.
390 SNAPDRAGON LOOP
BRADENTON, FL 34212

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 N. Tamiami Tr. #407

City: Sarasota **FL** Zip Code: 34236

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: Sandra Checca, M.D. DATE: 3/28/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHECCA, SANDRA M.D. 390 SNAPDRAGON LOOP BRADENTON, FL 34212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHECCA, SANDRA M.D. 800 N. Tamiami Tr. #407 Sarasota, FL 34236	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Sandra Checca, MD 3/28/07 941-932-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #