2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L05000115918

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

Current Principal Place of Business:

800 N TAMIAMI TRAIL #407
SARASOTA, FL 34236

New Principal Place of Business:

10700 LEAFWING DRIVE
SARASOTA, FL 34241

Current Mailing Address:

800 N TAMIAMI TRAIL #407
SARASOTA, FL 34236

New Mailing Address:

10700 LEAFWING DRIVE
SARASOTA, FL 34241

FEI Number: 20-5071203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHECCA, SANDRA M.D.
800 N TAMIAMI TRAIL #407
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CHECCA, SANDRA M.D.
10700 LEAFWING DRIVE
SARASOTA, FL 34241 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHECCA, SANDRA M.D.
Address: 800 N TAMIAMI TRAIL TRAIL #407
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHECCA, SANDRA M.D.
Address: 10700 LEAFWING DRIVE
City-St-Zip: SARASOTA, FL 34241

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: SANDRA CHECCA, MD MGR 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date