

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022544

FILED
Aug 20, 2008
Secretary of State

Entity Name: MANASOTA MEDICAL SPA, P.L.

Current Principal Place of Business:

1250 S. TAMiami TRAIL
SUITE 301
SARASOTA, FL 34239

New Principal Place of Business:

1250 S. TAMiami TRAIL
SUITE 304
SARASOTA, FL 34239

Current Mailing Address:

1250 S. TAMiami TRAIL
SUITE 301
SARASOTA, FL 34239

New Mailing Address:

1250 S. TAMiami TRAIL
SUITE 304
SARASOTA, FL 34239

FEI Number: 20-4401397 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:

WEINBREN, DON B
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602 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: MGRM () Delete
Name: PRICE, BART MD
Address: 1310 HILLVIEW DR
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: PEREZ, MARIO MD
Address: 1250 SOUTH TAMiami TR SUITE 301
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRICE, BART MD
Address: 1250 SOUTH TAMiami TR SUITE 301
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BART PRICE, MD

MGRM

08/20/2008

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