2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L06000025831

Entity Name: METROPOLITAN 610612 PRACTICE LLC

Current Principal Place of Business:

820 PRUDENTIAL DRIVE, SUITE 606
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

820 PRUDENTIAL DRIVE, SUITE 606
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-4561174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE., SUITE 115
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SCHROEDER, WILLIAM C
820 PRUDENTIAL DRIVE
SUITE 606
JACKSONVILLE, FL 32207 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: WILLIAM C. SCHROEDER 04/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAPPAPORT, TODD
Address: 1901 1ST STREET NORTH, #1206
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete
Name: JIMENEZ, J. FRANCISCO
Address: 116 SEVEN IRON COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: DIXON, CHERYL L
Address: 144 SEA ISLAND DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: QUIGLEY, TIMOTHY G
Address: P.O. BOX 2413
City-St-Zip: PONTE VEDRA, FL 32204

Title: MGRM ( ) Delete
Name: WOESTE, JOHN T
Address: 13866 WHITE HERON PLACE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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

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

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

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

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: TODD A. RAPPAPORT MGRM 04/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date