2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# L06000031039

Entity Name: JOSEPH F. FRANCOIS, DO MEDICAL PRACTICE, LLC

Current Principal Place of Business:

5251A GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Principal Place of Business:

5571 GOLDEN GATE PARKWAY
NAPLES, FL 34116

Current Mailing Address:

5251A GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

5571 GOLDEN GATE PARKWAY
NAPLES, FL 34116

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

PHYSICIANS LAW CENTER, LLC
3452 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33436 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: MGR ( ) Delete
Name: FRANCOIS, JOSEPH F DO
Address: 136 NAPA RIDGE WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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: JOSEPH FERIO FRANCOIS MGR 07/19/2007

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