2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000031613

Entity Name: SOUTH LAKE MEDICAL ARTS CENTER I, LLC

Current Principal Place of Business:

1230 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711

New Principal Place of Business:

1655 EAST HIGHWAY 50
300
CLERMONT, FL 34711

Current Mailing Address:

1230 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711

New Mailing Address:

1655 EAST HIGHWAY 50
300
CLERMONT, FL 34711

FEI Number: 20-4570414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMID, JOHN
1230 OAKLEY SEAVER DRIVE
200
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SCHMID, JOHN
1655 EAST HIGHWAY 50
300
CLERMONT, FL 34711 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: 04/29/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHMID, JOHN
Address: 1230 OAKLEY SEAVER DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHMID, JOHN
Address: 1655 EAST HIGHWAY 50., SUITE 300
City-St-Zip: CLERMONT, FL 34711

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: JOHN SCHMID MGMR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date