

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032878

FILED
Jun 29, 2008
Secretary of State

Entity Name: LAKELAND PHYSICIANS GROUP, L.C.

Current Principal Place of Business:

3234 SOUTH FLORIDA AVENUE, STE. F
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

5450 SANDY RIDGE COURT
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-4678439 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:

NIMBARGI, STEPHEN MD
5450 SANDY RIDGE COURT
SANFORD, FL 32771 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: NIMBARGI, STEPHEN MD
Address: 5450 SANDY RIDGE COURT
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: THOMAS, JEAN ANN
Address: 5450 SANDY RIDGE CT.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

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: STEPHEN NIMBARGI

MGR

06/29/2008

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