## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY - ST-ZIP

SIGNATURE:

11. I hereby certify that the information supplindicated on this report is true and acculimited liability company or the regerver of

SIGNATURE AND TYPED OF MINTED

## Apr 14, 2008 08:00 A Secretary of State DOCUMENT # L06000038077 FRANCISCO H. ESPARZA, MD, PLC Mailing Address Principal Place of Business 8527 10TH AVENUE WEST 8527 10TH AVENUE WEST BRADENTON, FL 34209 BRADENTON, FL 34209 CR2E083 (12/07) 03252008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4760965 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESPARZA FRANCISCO DO NOT WRITE 8527 10TH AVENUE WEST BRADENTON, FL 34209 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE'IS'\$138:75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE ESPARZA, FRANCISCO NAME 8527 10TH AVENUE WEST STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informy signature shall have the same legal effect as if mage under oath; that I am a managing member 119, proved to execute this report as required by Chapter 608, Florida Statutes.

**FILED**