2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# L06000041610

Entity Name: ISLAND MEDICAL CARE, LLC

Current Principal Place of Business:

131 COSTELLO ROAD
C/O EARL J. CAMPAZZI
WEST PALM BEACH, FL 33405

New Principal Place of Business:

340 ROYAL POINCIANA WAY, SUITE 315
ATTN: EARL J. CAMPAZZI, MD
PALM BEACH, FL 33480

Current Mailing Address:

131 COSTELLO ROAD
C/O EARL J. CAMPAZZI
WEST PALM BEACH, FL 33405

New Mailing Address:

340 ROYAL POINCIANA WAY, SUITE 315
ATTN: EARL J. CAMPAZZI, MD
PALM BEACH, FL 33480

FEI Number: 16-1760288 **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:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVENUE, SUITE 500-JAF
WEST PALM BEACH, FL 33401 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CAMPAZZI, EARL J DR.
Address: 340 ROYAL POINCIANA WAY, SUITE 315
City-St-Zip: PALM BEACH, FL 33480

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: EARL J. CAMPAZZI, MD MGRM 08/06/2007

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