

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000041610

**FILED**  
**Jan 25, 2008**  
**Secretary of State**

**Entity Name:** ISLAND MEDICAL CARE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 16-1760288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

**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:** DR. EARL J. CAMPAZZI

MGRM

01/25/2008

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