2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043374

Entity Name: HAMPTONS MEDICAL ASSOCIATES, PL

FILED Jul 17, 2007 Secretary of State

1590 NW 10TH AVE., SUITE 210 1590 NW 10TH AVE., SUITE 201 BOCA RATON, FL 33486 BOCA RATON, FL 33486

Current Mailing Address: New Mailing Address:

1590 NW 10TH AVE., SUITE 210 1590 NW 10TH AVE., SUITE 201 BOCA RATON, FL 33486 BOCA RATON, FL 33486

FEI Number: 20-4922635 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: Name and Address of New Registered Agent:

CARIDI, STEVEN V M.D. 1590 NW 10TH AVE., SUITE 210 BOCA RATON, FL 33486 US

CARIDI, STEVEN V M.D. 1590 NW 10TH AVE., SUITE 201 BOCA RATON, FL 33486 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: 07/17/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title:

() Change (X) Addition CARIDI, STEVEN V M.D. Name: Name: Address: Address: 1590 N.W. 10TH AVE., SUITE 201 City-St-Zip: City-St-Zip: BOCA RATON, FL 33486

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: STEVEN V. CARIDI, M.D. 07/17/2007