

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052408

FILED  
Feb 27, 2007  
Secretary of State

**Entity Name:** PRIVATE MEDICAL MANAGEMENT OF NAPLES, LLC

**Current Principal Place of Business:**

4885 SHEARWATER LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

1400 GULF SHORE BLVD N.  
SUITE 166  
NAPLES, FL 34102

**Current Mailing Address:**

4885 SHEARWATER LANE  
NAPLES, FL 34119

**New Mailing Address:**

1400 GULF SHORE BLVD N.  
SUITE 166  
NAPLES, FL 34102

**FEI Number:** 20-4913369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADWAR, D. SCOTT  
4885 SHEARWATER LANE  
NAPLES, FL 34119 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:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: MADWAR, D. SCOTT  
Address: 4885 SHEARWATER LANE  
City-St-Zip: NAPLES, FL 34119

Title: MR. ( ) Change (X) Addition  
Name: BLOUNT, WINTON M  
Address: PO BOX 230039  
City-St-Zip: MONTGOMERY, AL 36123

I hereby certify that the information supplied with this filing does not qualify for the 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:** D. SCOTT MADWAR

MR.

02/27/2007

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