

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054482

FILED
Apr 17, 2007
Secretary of State

Entity Name: SARASOTA THYROID & ENDOCRINE CENTER, P.L.

Current Principal Place of Business:

5471 BEE RIDGE RD.
SUITE 500
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5471 BEE RIDGE RD.
SUITE 500
SARASOTA, FL 34233

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1800 SECOND STREET, STE. 808
SARASOTA, FL 34236 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: MGR () Change (X) Addition
Name: LUPO, MARK A
Address: 5741 BEE RIDGE ROAD, SUITE 500
City-St-Zip: SARASOTA, FL 34233

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: MARK A LUPO

MGR

04/17/2007

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