2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# L06000054482

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: MGR ( ) Delete
Name: LUPO, MARK A
Address: 5741 BEE RIDGE ROAD, SUITE 500
City-St-Zip: SARASOTA, FL 34233

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: MARK LUPO MGR 03/27/2008

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