
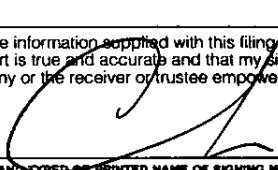


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 049 \*\*\*\*50.00

|  |  |                                 |  |   |             |
|--|--|---------------------------------|--|---|-------------|
| <b>DOCUMENT # L06000055697</b>   |  |                                 |  |                |             |
| 1. Entity Name<br><b>CRAIG BERGER, MD, PL</b>  |  |                                 |  |   |             |
| Principal Place of Business<br><b>1435 HARBOUR WALK ROAD<br/>TAMPA, FL 33602</b>   |  |                                 | Mailing Address<br><b>1435 HARBOUR WALK ROAD<br/>TAMPA, FL 33602</b> |   |             |
| 2. Principal Place of Business - No P.O. Box #   |  |                                 | 3. Mailing Address   |   |             |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.  |   |             |
| City & State   |  |                                 | City & State   |   |             |
| Zip  | Country  | Zip                             | Country  | 4. FEI Number<br><b>205040984</b>   |             |
|  |  |                                 |  | Applied For<br>Not Applicable   |             |
|  |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |             |
| 6. Name and Address of Current Registered Agent  |  |                                 |  | 7. Name and Address of New Registered Agent   |             |
| <b>SMITH AEBEL, ERIN ESQ.<br/>101 EAST KENNEDY BLVD.<br/>SUITE 2800<br/>TAMPA, FL 33602</b>  |  |                                 |  | Name  |             |
|  |  |                                 |  | Street Address (P.O. Box Number is Not Acceptable)  |             |
|  |  |                                 |  |   |             |
|  |  |                                 |  | City  | FL Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |                                 |  |   |             |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                                 |  |   |             |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>  |  |                                 |  |   |             |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES  |   |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Craig Berger president<br/>1435 Harbour Walk Road<br/>Tampa FL 33602 MGRM</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |             |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |  |                                 |  |   |             |
| <b>SIGNATURE:</b>   |  |                                 | <b>3/10/7 813 765 6309</b>   |   |             |
| SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date Daytime Phone #   |   |             |