2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000056556

Entity Name: THE MEDICAL PRACTICES OF LENHOLT AND SCHLOSSBERG, P.L.

Current Principal Place of Business:

2230 VENETIAN COURT
SUITE 2
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2230 VENETIAN COURT
SUITE 2
NAPLES, FL 34109

New Mailing Address:

FEI Number: 30-0369218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINCK, LINDA R
5801 PELICAN BAY BLVD., SUITE 300
C/O PORTER, WRIGHT, MORRIS
NAPLES, FL 341082709 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: DR. ( ) Delete
Name: LENHOLT, LAURA S
Address: 8958 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: DR. ( ) Delete
Name: SCHLOSSBERG, LEONARD A
Address: 2038 SEVILLA WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEONARD SCHLOSSBERG DR. 04/15/2009

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