


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 047 ***138.75

DOCUMENT # L06000061443					
1. Entity Name SHAWNNA M. HAMPTON, D.O., PLLC					
Principal Place of Business 5853 NW 48TH AVENUE COCONUT CREEK, FL 33073			Mailing Address 5853 NW 48TH AVENUE COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box # 2900 North Military Trail		3. Mailing Address 2900 North Military Trail			
Suite, Apt. #, etc. 245		Suite, Apt. #, etc. 245			
City & State Boca Raton, FL		City & State Boca Raton FL			
Zip 33431		Country USA		04232008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5074823			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HAMPTON, SHAWNNA M 5853 NW 48TH AVENUE COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent 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 <u>S. SHAWNNA M</u> DATE <u>4/28/8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMPTON, SHAWNNA M 5853 NW 48TH AVENUE COCONUT CREEK, FL 33073		<input type="checkbox"/> Delete		
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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.					
SIGNATURE: <u>S. SHAWNNA M</u> Date <u>4/28/8</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					