2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# L06000073137

Entity Name: WAYNE M. BURR, M.D., P.L.

Current Principal Place of Business:

10997 CALLAWAY GREENS COURT
FT. MYERS, FL 33913

New Principal Place of Business:

9407 CYPRESS LAKE DRIVE
STE. C
FT. MYERS, FL 33919

Current Mailing Address:

10997 CALLAWAY GREENS COURT
FT. MYERS, FL 33913

New Mailing Address:

9407 CYPRESS LAKE DRIVE
STE. C
FT. MYERS, FL 33919

FEI Number: 20-5263517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HERSCH, CRAIG R
9100 COLLEGE POINTE COURT
FT. MYERS, FL 33919 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: DR ( ) Change (X) Addition
Name: BURR, WAYNE M MD
Address: 9407 CYPRESS LAKE DRIVE, STE. C
City-St-Zip: FORT MYERS, FL 33919 US

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: WAYNE M. BURR, MD DR 05/18/2007

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