2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L06000074398

Entity Name: THE ENDOCRINE CENTER OF FLORIDA, LLC

Current Principal Place of Business:

HIGHLAND LAKES MEDICAL CENTER
34041 U.S. HIGHWAY 19 NORTH, STE. C
PALM HARBOR, FL 34684

New Principal Place of Business:

HIGHLAND LAKES MEDICAL CENTER
34041 U.S. HIGHWAY 19 NORTH, STE. C
PALM HARBOR, FL 34684 US

Current Mailing Address:

HIGHLAND LAKES MEDICAL CENTER
34041 U.S. HIGHWAY 19 NORTH, STE. C
PALM HARBOR, FL 34684

New Mailing Address:

HIGHLAND LAKES MEDICAL CENTER
34041 U.S. HIGHWAY 19 NORTH, STE. C
PALM HARBOR, FL 34684 US

FEI Number: 20-5257076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DRUCKER, JERRY M.D.
HIGHLAND LAKES MEDICAL CENTER
34041 U.S. HIGHWAY 19 NORTH, STE. C
PALM HARBOR, FL 34684 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: MGRM ( ) Delete
Name: DRUCKER, JERRY M.D.
Address: 34041 US HIGHWAY 19 NORTH, STE. C
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DRUCKER, JERRY M.D.
Address: 34041 US HIGHWAY 19 NORTH, STE. C
City-St-Zip: PALM HARBOR, FL 34684 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: JERRY DRUCKER, M.D. PRES 07/09/2007

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