2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# L06000077017

Entity Name: DR.ROGAN LLC

Current Principal Place of Business:

3820 COLONIAL BLVD
SUITE 101
FORT MYERS, FL 33912

New Principal Place of Business:

3820 COLONIAL BLVD
SUITE 101
FORT MYERS, FL 33966

Current Mailing Address:

3820 COLONIAL BLVD
SUITE 101
FORT MYERS, FL 33912

New Mailing Address:

3820 COLONIAL BLVD
SUITE 101
FORT MYERS, FL 33966

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

DR. ROGAN, WILLIAM J
3820 COLONIAL BLVD
101
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DR. ROGAN, WILLIAM J
3820 COLONIAL BLVD
101
FORT MYERS, FL 33966 US

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: DR. WILLIAM J. ROGAN 07/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DR.ROGAN, WILLIAM J
Address: 3820 COLONIAL BLVD SUITE 101
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DR.ROGAN, WILLIAM J
Address: 3820 COLONIAL BLVD SUITE 101
City-St-Zip: FORT MYERS, FL 33966

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: DR. WILLIAM J. ROGAN PRES 07/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date