2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# L06000081401

Entity Name: RHEUMATOLOGY NETWORK, LLC

Current Principal Place of Business:

763 MAINSAIL DRIVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

763 MAINSAIL DRIVE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-5404762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET, SUITE 2110
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

JOSHI, NINA
763 MAINSAIL DRIVE
TAMPA, FL 33602 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: NINA JOSHI 04/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOSHI, VIPUL
Address: 763 MAINSAIL DRIVE
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete
Name: JOSHI, NINA
Address: 763 MAINSAIL DRIVE
City-St-Zip: TAMPA, FL 33602

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: NINA JOSHI MGR 04/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date