2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082532

City-St-Zip:

Entity Name: EVANSVILLE MEDICAL LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4800 LINTON BOULEVARD A201 DELRAY BEACH, FL 33445 US **New Mailing Address: Current Mailing Address:** 4800 LINTON BOULEVARD DELRAY BEACH, FL 33445 US FEI Number: 20-5412473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEREK A. SCHWARTZ, P.A. 2385 EXECUTIVE CENTER DRIVE SUITE 190 BOCA RATON, FL 33431 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition MEADOWS, MICHAEL L MEADOWS, MICHAEL L Name: Name: Address: 4800 LINTON BOULEVARD, SUITE A201 Address: 2240 SLOANE PLACE City-St-Zip: DELRAY BEACH, FL 33445 US City-St-Zip: WELLINGTON, FL 33414 US Title: Title: () Change (X) Addition () Delete MEADOWS, STEVE E Name: Name: Address: Address: 6318 AVALON POINT COURT City-St-Zip: City-St-Zip: BOCA RATON, FL 33496 Title: () Delete Title: MGR () Change (X) Addition KAMINSKY, RONALD S Name: Name: 9864 WOOLWORTH COURT Address: Address:

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.

City-St-Zip:

WELLINGTON, FL 33414

SIGNATURE: MICHAEL L MEADOWS MGR 04/26/2007