

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098857

FILED
Apr 29, 2008
Secretary of State

Entity Name: MULTI-SPECIALTY MEDICAL COMPLEX, LLC

Current Principal Place of Business:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

320 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-5707221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENNETT, BARRY W
106 AVENUE F, S.W.
WINTER HAVEN, FL 33881 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: CHANDRASEKHAR, KOLLAGUNTA S
Address: 320 FIRST STREET NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: PASS, CAROLYN D
Address: 134 LAKE MARIAM WAY
City-St-Zip: WINTER HAVEN, FL 33884

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: KOLLAGUNTA CHANDRASEKHAR, MD

MGRM

04/29/2008

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