


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90132 026 ****50.00

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|--|--|--|---|---|--|
| DOCUMENT # L06000105498 1. Entity Name SARASOTA WELLNESS & MEDICAL CENTER, LLC | | | |  | |
| Principal Place of Business 2750 BAHIA VISTA 250 SARASOTA, FL 34239 | | | Mailing Address P. O. BOX 25059 SARASOTA, FL 34277 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01042007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 30-580-6234 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEINSTEIN, SHERI 2750 BAHIA VISTA SARASOTA, FL 34239 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE 1/8/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEINSTEIN, SHERI DR. P.O. BOX 25059 SARASOTA, FL 34277 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ DATE 1/8/07 DAYTIME PHONE (941) 366-4422 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |