## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105498

Entity Name: SARASOTA WELLNESS & MEDICAL CENTER, LLC

FILED May 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1650 BAHIA VISTA 2650 BAHIA VISTA SUITE 102 SUITE 102

SARASOTA, FL 34239 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

P. O. BOX 25059 2650 BAHIA VISTA SARASOTA, FL 34277 SUITE 102 SARASOTA, FL 34239

FEI Number: 20-5806234 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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: Name and Address of New Registered Agent:

WEINSTEIN, SHERI WEINSTEIN, SHERI L M.D
2750 BAHIA VISTA
2650 BAHIA VISTA
SABASOTA EL 24230 LIS

SARASOTA, FL 34239 US SARASOTA, FL 34239 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: SHERI WEINSTEIN, M.D. 05/13/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition WEINSTEIN, SHERI DR. WEINSTEIN, SHERI DR. Name: Name: Address: P.O. BOX 25059 Address: 2650 BAHIA VISTA ST SUITE 102 City-St-Zip: SARASOTA, FL 34277 City-St-Zip: SARASOTA, FL 34239

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: SHERI WEINSTEIN, M.D. MGRM 05/13/2008