# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 22, 2008**
**Secretary of State**

DOCUMENT# L06000112552

**Entity Name:** USA MEDICAL TOWERS 4, LLC

**Current Principal Place of Business:**

155 WISTERIA DRIVE
LONGWOOD, FL 32779

**New Principal Place of Business:**

1340 BENNETT DRIVE
LONGWOOD, FL 32750

**Current Mailing Address:**

155 WISTERIA DRIVE
LONGWOOD, FL 32779

**New Mailing Address:**

1340 BENNETT DRIVE
LONGWOOD, FL 32750

**FEI Number: 20-5779005** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, OLA R
155 WISTERIA DRIVE
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

WILLIAMS, OLA R
1340 BENNETT DRIVE
LONGWOOD, FL 32750 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: 04/22/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS. ( ) Delete
Name: WILLIAMS, OLA R
Address: 155 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MRS. (X) Change ( ) Addition
Name: WILLIAMS, OLA R
Address: 1340 BENNETT DRIVE
City-St-Zip: LONGWOOD, FL 32750

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: OLA R. WILLIAMS PART 04/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date