2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L07000000014

Entity Name: POWEL A. CROSLEY, M.D., P.L.

Current Principal Place of Business:

389 COMMERCIAL CT.
SUITE B
VENICE, FL 34292

New Principal Place of Business:

389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292

Current Mailing Address:

389 COMMERCIAL CT.
SUITE B
VENICE, FL 34292

New Mailing Address:

389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292

FEI Number: 20-8283257 **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:

CROSLEY, POWEL A
389 COMMERCIAL CT.
SUITE B
VENICE, FL 34292 US

Name and Address of New Registered Agent:

CROSLEY, POWEL A M.D.
389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292 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: POWEL A. CROSLEY, M.D. 05/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CROSLEY, POWEL A M.D.
Address: 389 COMMERCIAL CT. SUITE B
City-St-Zip: VENICE, FL 37292

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CROSLEY, POWEL A M.D.
Address: 389 COMMERCIAL CT. SUITE D2
City-St-Zip: VENICE, FL 37292

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: POWEL A. CROSLEY, M.D. MGR 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date