


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90034 040 \*\*\*143.75

<b>DOCUMENT # L07000001675</b>		
1. Entity Name <b>MAXWELL MEDICAL, P.L.L.C.</b>		

Principal Place of Business <b>4020 U.S. HWY 27 NORTH SEBRING, FL 33870</b>	Mailing Address <b>4020 U.S. HWY 27 NORTH SEBRING, FL 33870</b>
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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



07142008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MERRITT, JACK W 1800 2ND STREET, STE. 780 SARASOTA, FL 34236</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAXWELL, MARVIN M.D. 4020 U.S. HWY 27 NORTH SEBRING, FL 33870</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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:** *Maxwell ms* **7/14/2008** **863-314-0020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #