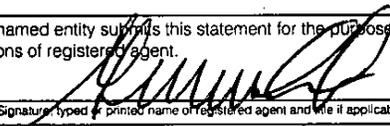
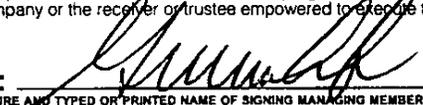


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 019 ***138.75

DOCUMENT # L07000004962			
1. Entity Name GREGORY R. WHITE, MD, LLC			
Principal Place of Business 7510 CAMDEN HARBOUR DR BRADENTON, FL 34212 US		Mailing Address 7510 CAMDEN HARBOUR DR BRADENTON, FL 34212 US	
2. Principal Place of Business - No P.O. Box # 335 OSPREY WAY LANDING		3. Mailing Address 335 OSPREY WAY LANDING	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33813	Country U.S.	Zip 33813	Country US
6. Name and Address of Current Registered Agent WHITE, GREGORY R 7510 CAMDEN HARBOUR DR BRADENTON, FL 34212		7. Name and Address of New Registered Agent Name WHITE, GREGORY R. Street Address (P.O. Box Number is Not Acceptable) 335 SOPREY WAY LANDING City LAKELAND FL Zip Code 33813	
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  GREGORY R. WHITE DATE 9/7/08 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM WHITE, GREGORY R 335 OSPREY LANDING WAY LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 335 OSPREY WAY LANDING LAKELAND FL 33813
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
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
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
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
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: 		GREGORY R. WHITE MGBMR / /08 863-698-8643	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

