

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005493

FILED
Apr 24, 2008
Secretary of State

Entity Name: WEST HILLSBOROUGH MEDICAL, LLC

Current Principal Place of Business:

6 N. COMET AVE.
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

6 N. COMET AVE.
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 75-3234394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUKIDIS, JOHN
6 N. COMET AVE.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOUKIDIS, JOHN
Address: 6 N. COMET AVE.
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM () Delete
Name: LOUKIDIS, CHRYSANTHE
Address: 6 N. COMET AVE.
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM () Delete
Name: GEORGIADIS, VIKI
Address: 2059 EGRET DR.
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN LOUKIDIS

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date