2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L07000009170

Entity Name: KEVIN J. COLLINS, M.D., P.L.

Current Principal Place of Business:

6642 NATURE PRESERVE COURT
NAPLES, FL 34109

New Principal Place of Business:

870 111TH AVE NORTH
SUITE 3
NAPLES, FL 34108

Current Mailing Address:

6642 NATURE PRESERVE COURT
NAPLES, FL 34109

New Mailing Address:

870 111TH AVE NORTH
SUITE 3
NAPLES, FL 34108

FEI Number: 20-8315899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 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: MGR ( ) Delete
Name: COLLINS, KEVIN J M.D.
Address: 6642 NATURE PRESERVE COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COLLINS, KEVIN J M.D.
Address: 870 111TH AVE NORTH SUITE 3
City-St-Zip: NAPLES, FL 34108

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: KEVIN J COLLINS, MD MGR 04/15/2008

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