


05-15-2008 90075 035 ***138.75
L07000018043

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:08

DOCUMENT # L07000018043	
1. Entity Name MICHAEL E. SWEET, M.D., P.L.	

Principal Place of Business 2221 E. OCEAN BOULEVARD SUITE 100 STUART, FL 34996 US	Mailing Address 2221 E. OCEAN BOULEVARD SUITE 100 STUART, FL 34996 US
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60041366



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8477674	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BOULEVARD STUART, FL 34994		7. Name and Address of New Registered Agent	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWEET, MICHAEL E M.D. 2221 E. OCEAN BOULEVARD, SUITE 100 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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B. Reflect **MIN 02 2008**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Michael E. Sweet 4/12/08 772-283-4428
SIGNATURE AND TYPED OR PRINTED NAME OF BEHINDING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #