

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90238 044 \*\*\*138.75

<b>DOCUMENT # L07000022115</b> 1. Entity Name <b>GAGEL MEDICAL GROUP, PLLC</b>					
Principal Place of Business <b>4001 SWIFT ROAD SARASOTA, FL 34231</b>			Mailing Address <b>4001 SWIFT ROAD SARASOTA, FL 34231</b>		
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		
6. Name and Address of Current Registered Agent  <b>KALISH, CAROL A 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 Agents signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GAGEL, JANICE R M.D. 4001 SWIFT ROAD SARASOTA, FL 34231</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 806, Florida Statutes.					
<b>SIGNATURE:</b>			<b>3/21/08</b> <b>941</b> <b>9243599</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30004369



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **13-4354793** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required