

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/6/2008-90030-028-\$138.75-\$138.75

FILED

2008 OCT -3 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5009054



<b>DOCUMENT # L07000036216</b> 1. Entity Name <b>MULTI SPECIALTY GROUP PRACTICE, LLC</b>					
Principal Place of Business 8929 S.E. BRIDGE ROAD HOBE SOUND, FL 33455			Mailing Address 8929 S.E. BRIDGE ROAD HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-8791300</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FT. LAUDERDALE, FL 33311-4132</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 Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <b>SCHWARTZ, MARK L D.O.</b> <b>7103 IMPERIAL BEACH CIRCLE</b> <b>DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <b>PADULA, JAMES C D.O.</b> <b>9096 BROADWAY</b> <b>DELRAY BEACH, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM _____ _____ _____	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> Date: <i>9/26/08</i> Daytime Phone: #		