2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT **DOCUMENT # L07000036216** 2008 DCT -3 PM 12: 21 MULTI SPECIALTY GROUP PRACTICE, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA 50009054 Mailing Address Principal Place of Business 8929 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 8929 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052008 Chg-LLC CR2E083 (12/06) 4. FEI Number 8791300 Applied For City & State City & State Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and table if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change ☐ Addition TITLE ☐ Deleta TITLE NAME SCHWARTZ, MARK L D.O. NALAS 7103 IMPERIAL BEACH CIRCLE STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33448 CITY-ST-71P CITY-ST-7P Detete MGRM TITLE ☐ Chance Addition TITLE PADULA, JAMES C.D.O. NUME NAME 9096 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33434 CITY-ST-ZIP ☐ Addition Delete TITLE MUE MALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-SI-ZIF TITLE Delete Ctrance Addition TITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP Addition TITLE Delate TETT F ☐ Channe STREET ADDRESS STREET ADDRESS 尼州岛尼门亚州 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete NAME NUE STREET ADORESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Plorida 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 eath; that I am a managing member or manager of the limited liability company or the regions or trustee empowered to execute this report as required by Chapter 608, Plorida Statutes.

CITY-ST-ZIP

SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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