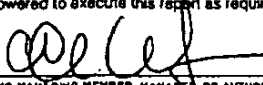


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

04-28-2008 90033 006 ***138.75

DOCUMENT # L07000036637 1. Entity Name LAGA HOLDINGS LLC					
Principal Place of Business 1414 59TH STREET WEST BRADENTON, FL 34209			Mailing Address 1414 59TH STREET WEST BRADENTON, FL 34209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8104 11th Ave N.W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Bradenton FL		4. FEI Number 20-8912236	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 34209		Country		03162008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WEST COAST PEDIATRICS PA 1414 59TH STREET WEST BRADENTON, FL 34209				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOGAN, CONSTANCE M 8104 11TH AVE. N.W. BRADENTON, FL 34209	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOGAN, DENIS A 8104 11TH AVE. N.W. BRADENTON, FL 34209	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  4/25/08 941-761-0663 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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