

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041942

FILED
Jan 28, 2008
Secretary of State

Entity Name: SERVANT HEALTHCARE INVESTMENTS, LLC

Current Principal Place of Business:

1000 LEGION PLACE
STE 1650
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1000 LEGION PLACE
STE 1650
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-8934453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, N. DWAYNE JR, ESQ
201 EAST PINE STREET, SUITE 500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SERVANT INVESTMENTS,, LLC
Address: 135 WEST CENTRAL BOULEVARD, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: RML PARTNERS, LLC,
Address: 135 WEST CENTRAL BOULEVARD, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SERVANT INVESTMENTS,, LLC
Address: 1000 LEGION PLACE, SUITE 1650
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change () Addition
Name: RML PARTNERS, LLC,
Address: 1000 LEGION PLACE, SUITE 1650
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN MARK RAMSEY

CEO

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date