

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050451

FILED
Sep 03, 2008
Secretary of State

Entity Name: SOUTH LAKE MEDICAL ARTS CENTER, LLC

Current Principal Place of Business:

1230 OAKLEY SEAVER DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

1230 OAKLEY SEAVER DRIVE
SUITE #200
CLERMONT, FL 34711

Current Mailing Address:

1230 OAKLEY SEAVER DRIVE
CLERMONT, FL 34711

New Mailing Address:

1230 OAKLEY SEAVER DRIVE
SUITE #200
CLERMONT, FL 34711

FEI Number: 20-4559123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAKOWITZ, ALAN
1111 KANE CONCOURSE, STE 401F
BAY HARBOR ISLANDS, FL 33154 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DIR () Change (X) Addition
Name: SCHMID, JOHN
Address: 1230 OAKLEY SEAVER DR. SUITE #200
City-St-Zip: CLERMONT, FL 34711

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 SCHMID

DIR

09/03/2008

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