

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051950

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** ANSARA MEDICAL CENTER, LLC

**Current Principal Place of Business:**

616 ALTAMONTE DR, STE 120  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

616 E. ALTAMONTE DRIVE  
SUITE 120  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

616 ALTAMONTE DR, STE 120  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

616 E. ALTAMONTE DRIVE  
SUITE 120  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 45-0566371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, BERRY J JR, ESQ  
WALKER & TUDHOPE, P.A.  
1053 MAITLAND CENTER COMMONS BLVD., #200  
MAITLAND, FL 32751 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: ANSARA, ASHLEY  
Address: 1924 ALAQUA DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ANSARA, ASHLEY  
Address: 616 E. ALTAMONTE DRIVE SUITE 120  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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:** ASHLEY ANSARA

MGR

04/17/2008

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