# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 19, 2008**
**Secretary of State**

DOCUMENT# L07000056240

**Entity Name:** PALADIN MEDICAL ENTERPRISES, LLC

**Current Principal Place of Business:**

511 WEST HIGHLAND BLVD
INVERNESS, FL 34452

**New Principal Place of Business:**

330 SOUTH LINE AVE
INVERNESS, FL 34452

**Current Mailing Address:**

511 WEST HIGHLAND BLVD
INVERNESS, FL 34452

**New Mailing Address:**

330 SOUTH LINE AVE
INVERNESS, FL 34452

**FEI Number: 22-3964556** **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:**

SPIEGEL & UTRERA PA
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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: SLABY, BRIAN MD
Address: 511 WEST HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SLABY, BRIAN MD
Address: 330 SOUTH LINE AVE
City-St-Zip: INVERNESS, FL 34452

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: BRIAN SLABY MD MGR 08/19/2008

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