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Secretary of State

02-21-2008 90064 050 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L07000061079

1. Entity Name

HOWELL MEDICAL GROUP, LLC

30005108

1st MOORE CR2E083 (10/07)

Principal Place of Business	Mailing Address
3539 LITTLE ROAD TRINITY FL 34654 US	5370 SPRING HILL DRIVE SPRING HILL FL 34606 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 87-0804782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, JOHNNY G
5370 SPRING HILL DRIVE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name: Pariksith Singh
Street Address (P.O. Box Number is Not Acceptable): 5350 Spring Hill Drive
City: Spring Hill FL Zip Code 34606

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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGRM HILL, JOHNNY G 5370 SPRING HILL DRIVE SPRING HILL FL 34606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Auro Smanagement, LLC 5370 Spring Hill Drive Spring Hill, FL 34606	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #