2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # L07000074279** 03-24-2008 90241 001 ***143.75 RINEHART PLACE MEDICAL PROPERTIES, LLC DUU+~ Mailing Address Principal Place of Business 114 PARK LAKE STREET 114 PARK LAKE STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES, KELLER Street Address (P.O. Box Number is Not Acceptable) 744 HIGHLAND AVENUE ORLANDO, FL 32803 City Zip Code FL 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, 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE MGR ☐ Delete TITI F ☐ Change ☐ Addition ROBERT, SOLLACCIO NAME NAME STREET ADDRESS STREET ADDRESS 114 PARK LAKE STREET CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change Addition VICTOR, MELGEN NAME NAME STREET ADDRESS 114 PARK LAKE STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change □ Delete ☐ Addition JITI É TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 24, 2008 8:00 am

Daytime Phone #