

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078054

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: DAMASK PHYSICIANS GROUP, PLLC

**Current Principal Place of Business:**

1485 INTERNATIONAL PARKWAY, SUITE 1051  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1485 INTERNATIONAL PARKWAY, SUITE 1051  
HEATHROW, FL 32746

**New Mailing Address:**

PO BOX 954117  
LAKE MARY, FL 32795

FEI Number: 26-0674935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BAXTER, RICHARD D ESQ.  
MILLER, SOUTH & MILHAUSEN, P.A.  
1000 LEGION PLACE SUITE 1200  
ORLANDO, FL 32801 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: DAMASK, CECELIA MD  
Address: 1485 INTERNATIONAL PARKWAY, SUITE 1051  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAMASK, CECELIA DO  
Address: 1485 INTERNATIONAL PARKWAY, SUITE 1051  
City-St-Zip: HEATHROW, FL 32746

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: CECELIA DAMASK, DO

MGR

01/09/2008

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