2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L07000078801

Entity Name: EPN CARE, LLC

Current Principal Place of Business:

1112 GOODLETTE ROAD, SUITE 204
NAPELS, FL 34102

New Principal Place of Business:

1112 GOODLETTE ROAD
SUITE 204
NAPLES, FL 34102

Current Mailing Address:

1112 GOODLETTE ROAD, SUITE 204
NAPELS, FL 34102

New Mailing Address:

1112 GOODLETTE ROAD
SUITE 204
NAPLES, FL 34102

FEI Number: 26-0715656 **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:

GFPAC SERVICES, LLC
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 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: MGRM ( ) Delete
Name: HINTZ, KIRK A
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
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Title: ( ) Delete
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Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEWIS, JOHN MD
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Change (X) Addition
Name: KREMBS, ANTHONY MD
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Change (X) Addition
Name: AROSEMENA, JOSE MD
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Change (X) Addition
Name: DELARIVAHERRERA, ALBERTO MD
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Change (X) Addition
Name: SPONAUGLE, JOHN DO
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Change (X) Addition
Name: CAMINA, TAMARA MD
Address: 1112 GOODLETTE ROAD, SUITE 204
City-St-Zip: NAPLES, FL 34102

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: JOHN LEWIS, MD PRES 05/06/2009

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