2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2008 90032 042 ***138.75 **DOCUMENT # L07000081048** MEDICAL CONSULTANTS OF PALM BEACH, LLC **60034474** Principal Place of Business Mailing Address **601 UNIVERSITY BLVD STE 206 601 UNIVERSITY BLVD STE 206** JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. 01232008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable 35-2305118 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 Naw Registered Agent Name SHIKARA, MAZIN 601 UNIVERSITY BLVD STE 206 Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TIFLE Deteta TITLE Change ☐ Addition MGRM SKIKARA, MAZIN NAME NAME SHIKARA, MAZIN STREET ADDRESS **601 UNIVERSITY BLVD STE 208** STREET ADDRESS JUPITER, FL 33458 CHTY-ST-71P 601 UNIVERSITY BLVD STE 206 CITY-ST-2IP Delete Change ☐ Addition MILE TITLE JUPITER FL 33458 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete TITLE MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE - Delate TITLE Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CUTY-ST-71P CITY-ST-7/P TITLE Detate Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TREE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SJ-ZIP 11. I hereby certify that the information supplied with this tiling does not qualify for the examptions 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TIPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 30, 2008 8:00 am Secretary of State