

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085641

FILED
Feb 28, 2008
Secretary of State

Entity Name: NG & ANDERSON MEDICAL OFFICE, LLC

Current Principal Place of Business:

1690 US 1 SOUTH, SUITE D
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

1690 US 1 SOUTH,
SUITE D
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

1690 US 1 SOUTH, SUITE D
C/O RAPHAEL NG
ST. AUGUSTINE, FL 32084

New Mailing Address:

P O BOX 3320
ST. AUGUSTINE, FL 32085 US

FEI Number: 26-0857199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NG, RAPHAEL
1690 US 1 SOUTH, SUITE D
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

NG, RAPHAEL MD
1690 US 1 SOUTH,
SUITE D
ST. AUGUSTINE, FL 32084 US

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: RAPHAEL NG, MD

02/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NG, RAPHAEL M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR () Delete
Name: ANDERSON, LUIS M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NG, RAPHAEL M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR (X) Change () Addition
Name: ANDERSON, LUIS M.D.
Address: 1690 US 1 SOUTH, SUITE D
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: RAPHAEL NG, MD

MGR

02/28/2008

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