2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000085762

Entity Name: S.H.S. MEDICAL, L.L.C.

Current Principal Place of Business:

105 NORTH BAYSHORE DRIVE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 26-0765827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOMKA, HOWARD P
100 MAIN STREET
SUITE 206
SAFETY HARBOR, FL 34695 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: S.H.S. RESORT, L.L.C, .
Address: 100 MAIN STREET, SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR (X) Delete
Name: TOULOUMIS, WILLIAM E
Address: 100 MAIN STREET, SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TOULOUMIS, WILLIAM E
Address: 100 MAIN STREET, SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM E. TOULOUMIS MGR 04/29/2008

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