2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L07000102679

Entity Name: STATMED QUICK QUALITY CLINIC AT NORTH PINELLAS, L.L.C.

Current Principal Place of Business:

2560 N. MCMULLEN BOOTH RD, SUITE B
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2560 N. MCMULLEN BOOTH RD, SUITE B
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 26-1155537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, BRIAN W
207 GARDEN CIRCLE
BELLEAIR, FL 33756 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: COOK, BRIAN W
Address: 207 GARDEN CIRCLE
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM ( ) Delete
Name: MULLER, MARK P
Address: 4015 BAYSHORE BLVD. #11E
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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: BRIAN W. COOK DR. 04/18/2008

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