

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069617

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** MANASOTA MEDICAL GROUP, LLC

**Current Principal Place of Business:**

1250 SOUTH TAMIAMI TRAIL  
SUITE 301  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1250 SOUTH TAMIAMI TRAIL  
SUITE 301  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 90-0401563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDEN CAPITAL, LC  
5053 OCEAN BLVRD  
SARASOTA, FL 34242 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:** BEP MEDICAL, P.A.  
**Address:** 1250 S. TAMIAMI TR, SUITE 301  
**City-St-Zip:** SARASOTA, FL 34239 US

**Title:** MGRM ( ) Delete  
**Name:** PETRA TRAVNICEK, M.D., P.A.  
**Address:** 1250 SOUTH TAMIAMI TRAIL, SUITE 301  
**City-St-Zip:** SARASOTA, FL 34239 US

**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:** BEP MEDICAL, PA

MGRM

04/24/2009

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