

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068020

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** SHB MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

1950 ARLINGTON STREET, SUITE 111  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1950 ARLINGTON STREET, SUITE 111  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 27-2966510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

SCHOFIELD, BRIAN A M.D.  
1950 ARLINGTON ST. SUITE 111  
SARASOTA, FL FL 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:** BRIAN A SCHOFIELD

02/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHOFIELD, BRIAN A M.D.  
**Address:** 1950 ARLINGTON STREET, SUITE 111  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGRM  
**Name:** HAND, JOHN D M.D.  
**Address:** 1950 ARLINGTON STREET, SUITE 111  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGRM  
**Name:** BRIGHT, ADAM S M.D.  
**Address:** 1950 ARLINGTON STREET, SUITE 111  
**City-St-Zip:** SARASOTA, FL 34239

I hereby 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 A. SCHOFIELD

MGRM

02/07/2011

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