

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M02000003209

FILED
Jun 23, 2008
Secretary of State**Entity Name:** NORTHSIDE MEDICAL PLAZA, LLC**Current Principal Place of Business:**475 CENTRAL AVE
305
ST. PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**475 CENTRAL AVE
305
ST. PETERSBURG, FL 33701**New Mailing Address:****FEI Number:** 32-0016550**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**SANDERS LAW GROUP, PA
2958 1ST AVENUE N.
ST. PETERSBURG, FL 33713 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: CHRISTOPHER C. SANDERS, ESQ.

06/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: MARSTON, PATRICK
Address: 475 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33701**ADDITIONS/CHANGES:****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: PATRICK MARSTON

MGR

06/23/2008

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