2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M03000001990

Entity Name: PRICE HEALTH PARK, LLC

Current Principal Place of Business:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

New Principal Place of Business:

1549 RINGLING BLVD.
SUITE 101
SARASOTA, FL 34236

Current Mailing Address:

1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236

New Mailing Address:

P. O. BOX 49437
SARASOTA, FL 342306437 US

FEI Number: 47-0901570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENKE III, FRANK
1626 RINGLING BLVD.
SUITE 500
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MENKE III, FRANK
1549 RINGLING BLVD.
SUITE 101
SARASOTA, FL 34236 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: FRANK MENKE III 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MENKE III, FRANK
Address: 1626 RINGLING BLVD., SUITE 500
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MENKE III, FRANK
Address: 1549 RINGLING BLVD., SUITE 101
City-St-Zip: SARASOTA, FL 34236

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: FRANK MENKE III MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date