

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 16, 2007
Secretary of State**

DOCUMENT# M06000004091

Entity Name: THE LITTLE CLINIC OF FLORIDA LLC

Current Principal Place of Business:

9721 ORMSBY STATION RD
SUITE 106
LOUISVILLE, KY 40223

New Principal Place of Business:

8 CADILLAC DRIVE
SUITE 250
BRENTWOOD, TN 37027

Current Mailing Address:

9721 ORMSBY STATION RD
SUITE 106
LOUISVILLE, KY 40223

New Mailing Address:

8 CADILLAC DRIVE
SUITE 250
BRENTWOOD, TN 37027

FEI Number: 20-4236094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: THE LITTLE CLINIC LL, C
Address: 9721 ORMSBY STATION RD, STE 106
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR () Delete
Name: GRZYBOWSKI, JOHN
Address: 8 CADILLAC DRIVE, SUITE 250
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THE LITTLE CLINIC LL, C
Address: 8 CADILLAC DRIVE, SUITE 250
City-St-Zip: BRENTWOOD, TN 37027

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: JOHN GRZYBOWSKI

MGR

05/16/2007

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