2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M06000006802

Entity Name: MONTECITO MEDICAL INVESTMENT COMPANY, LLC

Current Principal Place of Business:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7785 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5814214 **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:

MAXWELL, DOUGLAS R
10739 DEERWOOD PARK BOULEVARD, SUITE 200A
JACKSONVILLE, FL 32256 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:	CONK, EDWARD W	
Address:	7785 BAYMEADOWS WAY, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGR	( ) Delete
Name:	NEYLAND, ROBERT	
Address:	7785 BAYMEADOWS WAY, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGR	( ) Delete
Name:	TOPFER, ALLAN	
Address:	7785 BAYMEADOWS WAY, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGR	( ) Delete
Name:	SANDLER, PAUL	
Address:	7785 BAYMEADOWS WAY, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGR	( ) Delete
Name:	SUSSEX, WARREN	
Address:	7785 BAYMEADOWS WAY, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DOUGLAS R. MAXWELL VP 05/01/2007

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