

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001913

FILED
Sep 03, 2004
Secretary of State

Entity Name: ORDONEZ & DOLAR MEDICAL CLINIC, LLC

Current Principal Place of Business:

1109 HARRISON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1109 HARRISON AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3659793 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENNETT, DERRICK
112 E. THIRD COURT
PANAMA CITY, FL 32401 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/MEMBERS:

Title: MGRM () Delete
Name: ORDONEZ DOLAR, LUZVIMINDA
Address: 1109 HARRISON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: DOLAR, JOSE MD
Address: 1109 HARRISON AVE.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DOLAR, JOSE MD
Address: 1109 HARRISON AVE.
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUZVIMINDA ORDONEZ-DOLAR MGRM 09/03/2004

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