


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015166**  
 1. Entity Name  
**NELSON M. KARP, M.D., LLC**



Principal Place of Business  
**535 SOUTH FLAGLER DR.  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**4837 KEMPSVILLE GREENS PKWY  
 VIRGINIA BEACH, VA 23462**

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**58-2602896**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000031226  
 02/04/04-80139-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARP, NELSON M MD 535 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *nmk/nmm* **1/30/04** *757-497-3439*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/YY Phone #