2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2004
Secretary of State

DOCUMENT# L01000000782

Entity Name: TOBIAS MEDICAL OFFICE, L.L.C.

Current Principal Place of Business:

901 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

901 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34996 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: MGR ( ) Delete
Name: TOBIAS, HAL M
Address: 901 S.E. MONTEREY COMMONS BLVD.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

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

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: SHARI TOBIAS MGR 08/01/2004

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