

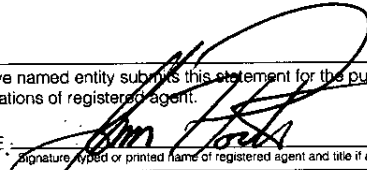
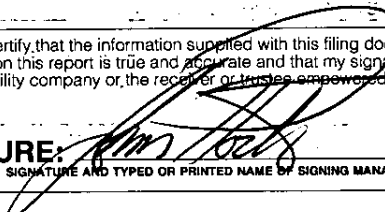


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90219 009 \*\*\*\*50.00

<b>DOCUMENT # L01000017568</b>					
1. Entity Name KEITH E. CAMPBELL, M.D., LLC					
Principal Place of Business 1717 NORTH "E" STREET PENSACOLA, FL 32506			Mailing Address 1717 NORTH "E" STREET PENSACOLA, FL 32506		
2. Principal Place of Business 1717 N. "E" St.		3. Mailing Address 1717 N. "E" St.			
Suite, Apt. #, etc. Ste. 320		Suite, Apt. #, etc. Ste. 320, Attn. J. Kehoe			
City & State Pensacola, FL		City & State Pensacola, FL		03162004 Chg-LLC CR2E083 (10/03)	
Zip 32501		Country USA		4. FEI Number 74-3018052	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORTER, JOHN 1717 NORTH "E" STREET PENSACOLA, FL 32506			Name Porter, John		
			Street Address (P.O. Box Number is Not Acceptable) 1717 N. "E" St.		
			Ste. 320		
			City Pensacola		
			FL Zip Code 32501		
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: 3-22-04	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, JOHN		NAME	Debruicker, Nicol	
STREET ADDRESS	1717 N. "E" ST SUITE 320		STREET ADDRESS	8888 Navarre Parkway	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Navarre, FL 32566	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIMAN, BOB		NAME		
STREET ADDRESS	9400 UNIVERSITY PKWY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELKNER, JOE		NAME		
STREET ADDRESS	1717 N. "E" ST SUITE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADEN, DEBBIE		NAME		
STREET ADDRESS	1717 N. "E" ST SUITE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 Porter, President		3/22/04 850/469-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	