


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010051</b>	
1. Entity Name LAKE MARY MEDICAL PARK, LLC	

Principal Place of Business 758 N. SUN DR., STE. 100 LAKE MARY, FL 32746	Mailing Address 758 N. SUN DR., STE. 100 LAKE MARY, FL 32746
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**DO NOT WRITE IN THIS SPACE**



07062004No Chg-LLC      CR2E083 (10/03)

4. FEI Number 01-0677464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  FATEMI, ZIA M.D. 758 N. SUN DR., SYE 104 LAKE MARY, FL 32746
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

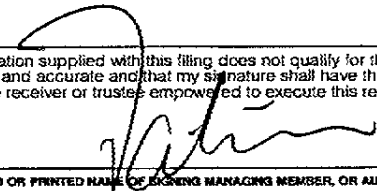
**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FATEMI, ZIA 758 N SUN DR #104 LAKE MARY, FL 32746
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07/12/04-80031-012 50:00

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:**       **7/7/4**      **407-333-3303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #