


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000014366 1. Entity Name AZURE MEDICAL GROUP, PLLC	
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Principal Place of Business 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	Mailing Address 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**

02202004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 04-3683580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205	<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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 May 1, 2004**

000000088768  
 03/15/04-80064-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GELVIN, CHRIS R MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239
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**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_ Date 3/11/04 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE