

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90330 025 ****50.00

DOCUMENT # L02000031856

1. Entity Name
MEDARTS IN THE SPRINGS, LLC



Principal Place of Business Mailing Address
 % MELVIN S. KOHAN, M.D.
 9750 NW 33RD STREET, SUITE 107
 CORAL SPRINGS, FL 33065 % MELVIN S. KOHAN, M.D.
 9750 NW 33RD STREET, SUITE 107
 CORAL SPRINGS, FL 33065

49040426



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

40 Syndicon Properties, Inc.
1881 University Dr., #114
Coral Springs, FL
33071 USA

02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

REDGRAVE & TURNER, LLP
120 E. PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	KOHAN, M.D., MELVIN S	9750 NW 33RD STRET, SUITE 107	CORAL SPRINGS, FL 33065	<input type="checkbox"/>
MGRM	BLITMAN, M.D., STEWART	7431 N. University Dr. #201	Tamarac, FL 33321	<input type="checkbox"/>
MGRM	ZARAGOZA, M.D., BERNARD	3100 Coral Hills Drive #207	Coral Springs, FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: T. Stewart Blitman, M.D. **4/9/04** **954-752-3540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #