


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90072 004 \*\*\*\*50.00

<b>DOCUMENT # L03000019066</b> 1. Entity Name <b>CADUCEUS PROPERTIES, LLC</b>	
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Principal Place of Business 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308	Mailing Address 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE, FL 32308
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34001034



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

02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>03-0519350</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CUFFE, MARK J M.D.  
 1401 CENTERVILLE ROAD, SUITE 300  
 TALLAHASSEE, FL 32308

**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 releasing)

**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	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	CUFFE, MARK J M.D.			NAME			
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	RUMANA, CHRISTOPHER S M.D.			NAME			
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
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"/> Ad
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"/> Ad
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:** Mark J. Cuffe, MD 2-26-04 (850) 877 6054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #