

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029507

**FILED**  
**Mar 24, 2005**  
**Secretary of State**

**Entity Name:** NORTH MILLS MEDICAL PLAZA, LLC

**Current Principal Place of Business:**

251 MAITLAND AVE,  
STE 215  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

251 MAITLAND AVE.  
STE 215  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

251 MAITLAND AVE  
STE 215  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 20-0953802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, JESSE E JR, ESQ  
GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP  
369 NORTH NEW YORK AVE, 3RD FLOOR  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SLAVENS, JOHN W MR.  
Address: 251 N MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 W SLAVENS      MGRM      03/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date