2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# L04000001307

Entity Name: PHOENIX MEDICAL PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

7720 U.S. HIGHWAY 98 WEST, STE 340
SANTA ROSA BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

7720 U.S. HIGHWAY 98 WEST, STE 340
SANTA ROSA BEACH, FL 32550

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHINSON, P.A.
215 GRAND BLVD, STE 101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

COFFIELD SACHS, P COLLEEN
1719 S COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 US

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: P COLLEEN COFFIELD SACHS 03/09/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GREENWALD, E. LANCE
Address: 7720 U.S. HIGHWAY 98 WEST
City-St-Zip: SANTA ROSA BEACH, FL 32550

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: ATLAS, MICHELE
Address: 3224 BAY ESTATES DR
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Change (X) Addition
Name: NIEHAUS, CONNIE
Address: 3224 BAY ESTATES DR
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Change (X) Addition
Name: ARAGUEL, JANE
Address: PO BOX 335
City-St-Zip: DESTIN, FL 32540

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: E LANCE GREENWALD MGR 03/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date