

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000497

Entity Name: PROPHECY GROUP, L.C.

FILED
Mar 17, 2004
Secretary of State

Current Principal Place of Business:

1005 W COLLEGE BLVD, SUITE A
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1005 W COLLEGE BLVD, SUITE A
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3378308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, DANIEL C
5 CLIFFORD DRIVE
SHALIMAR, FL 32579 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: HARRIS, MICHAEL A
Address: 1005 W COLLEGE BLVD, SUITE A
City-St-Zip: NICEVILLE, FL 32578

Title: MEM () Delete
Name: MICHAEL A. HARRIS M., D.P.A. PENSION PLAN
Address: 1005 W COLLEGE BLVD, SUITE A
City-St-Zip: NICEVILLE, FL 32578

Title: MEM () Delete
Name: MARK S CALKINS M.D.P., .A. RET. PLAN & TRUST
Address: 550 TWIN CITIES BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: MEM () Delete
Name: BONE AND JOINT CLINI, C PROFIT SH PL & TRUST
Address: 194 REDSTONE AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: MEM () Delete
Name: TURNER, GREGORY W
Address: 4400 E HWY 20
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MICHAEL A. HARRIS M., D.P.A. PENSION PLAN
Address: 1005 W COLLEGE BLVD, SUITE A
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Change () Addition
Name: MARK S CALKINS M.D.P., .A. RET. PLAN & TRUST
Address: 550 TWIN CITIES BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Change () Addition
Name: BONE AND JOINT CLINI, C PROFIT SH PL & TRUST
Address: 194 REDSTONE AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: MGR (X) Change () Addition
Name: TURNER, GREGORY W
Address: 4400 E HWY 20
City-St-Zip: NICEVILLE, FL 32578

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: MICHAEL A HARRIS

MGRM

03/17/2004

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