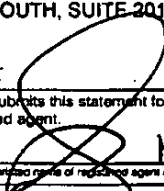
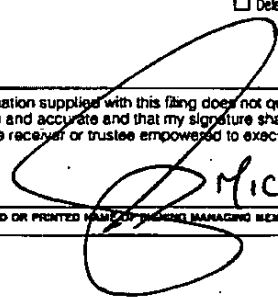


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

03-22-2005 90186 001 ****25.00
03-22-2005 90186 002 ****25.00

DOCUMENT # L04000051081			
1. Entity Name BRYSON DRIVE, LLC			
Principal Place of Business 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109		Mailing Address 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 825 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 20-1404067 Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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  MICHAEL R. GALLOPS, M.D.		DATE 3-15-05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOROLEVICH, ROBERT M M.D. 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOPS, MICHAEL R M.D. 5515 BRYSON DRIVE, SUITE 501 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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. (239) 593-0086			
SIGNATURE:  MICHAEL R. GALLOPS, M.D.		DATE 3-15-05	