

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000873

FILED
Feb 19, 2005
Secretary of State

Entity Name: PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3444773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, DAVID
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MCNAMARA, LISA A
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 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: LISA A MCNAMARA

02/19/2005

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 1,000,000.00

Amount of Capital Contributions in Florida to date: 1,000,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #: P97000021603

Name: PREFERRED MEDICAL GROUP, INC.

Address: 115 HEDGEROW TRACE

City-St-Zip: DULUTH, GA 30097

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CHRIS MALE

MGR

02/19/2005

Electronic Signature of Signing General Partner

Date