


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 10 PM 12:11

DOCUMENT # A98000001509					
1. Entity Name LADY LAKE MEDICAL GROUP, LTD.					
Principal Place of Business 2020 SE 17TH STREET OCALA, FL 34471			Mailing Address 2020 SE 17TH STREET OCALA, FL 34471		
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3537996	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDICAL MANAGEMENT ASSOC. OF CENTRAL FLA. 2020 SE 17TH STREET OCALA, FL 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,510,000.00		10. Amount of Capital Contributions in FLORIDA to date \$1,510,000.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	2020 SE 17TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	OCALA, FL 34471				
DOCUMENT #	NAME		STREET ADDRESS	800029751938	
STREET ADDRESS			CITY-ST-ZIP	03/03/04-01029-006 **526.25	
CITY-ST-ZIP					
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CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>Michael P. Hill</u> MICHAEL P. HILL 1-7-04 3528610440					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE