

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JAN 25 AM 11:03

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number - 59-3537996	
Zip		Country		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: <u>HERMAN H. ANDERSON, M.D., PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>2020 SE 17TH ST.</u> City: <u>OCALA</u> State: <u>FL</u> Zip Code: <u>34471</u>		
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: <u>Michael P. Hill</u> <u>MICHAEL P. HILL, SEC/TREASURER 1-13-05</u> <small>Signature typed or printed name of registered agent and title if applicable.</small> DATE					
9. Capital Contributions as Shown on record. \$1,510,000.00		10. Amount of Capital Contributions in FLORIDA to date. <u>1,510,000.00</u>			
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 CITY-ST-ZIP	MEDICAL MANAGEMENT ASSOC. OF CENTRAL FLA. 2020 SE 17TH STREET OCALA, FL 34471		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<u>SAME AS ABOVE</u>		STREET ADDRESS CITY-ST-ZIP		
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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> <u>MICHAEL P. HILL 1-13-05 352 861-0440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Date Daytime Phone #					

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