


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002028
1. Entity Name
JOAN D. O'LEARY, M.D., P.L.



Principal Place of Business 1555 KINGSLEY AVENUE SUITE 401 ORANGE PARK, FL 32073	Mailing Address 1555 KINGSLEY AVENUE SUITE 401 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



03122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3626152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, WILLIAM A
12143 DIVIDING OAKS TRAIL E.
JACKSONVILLE, FL 32223

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable (DATE)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'LEARY, JOAN D 12143 DIVIDING OAKS TRAIL E. JACKSONVILLE, FL 32223
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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.

SIGNATURE: William A. O'Leary 3-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #