## LIMITED LIABILITY COMPANY

FILED May 01, 2003 8:00 am Secretary of State

ONITONIA DOSINESS NEFONI (ODN)					05.01.2002.00272.010.****50.00		
DOCUMENT # L00000002028  1. Entity Name  JOAN D. O'LEARY, M.D., P.L.					05-01-2003 90273 019 ****50.00 30064931		
DØ NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address					3000	4331	
1555 Kingsley Avenue Suite Apt. #. etc. Suite 401		1555 Kingsley Avenue Suite, Apt. #, etc. Suite 401			DO NOT WRITE IN THIS SPACE		
City & Stat		City & State Orange Park, FL			4. FEI Number 59-3626152		Applied For Not Applicable
32073	Country USA	Zip - 32073	Count USA		5. Certificate of Status Desired	Feel	00 Additional Required
Nome					7. Name and Address of Current Registered Agent		
A CONDINOT WRITE				Name O'Leary, William A Esquire  Street Address (P.O. Box Number is Not Acceptable)			
: (:) IN THIS SPACE:			į	12143 Dividing Oaks Trail E			
<b>5</b> .				City Jackson	<del></del>	FL 3	ip Code 12223
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere		ed agent, or both, in the State of Florida.		
SIGNATURE	X Onle					-4.	30.03
Signature, typeglo-printed name of registered agent and title if applicable.  FEErIS \$50:00							
9.	MANAGING MEMBER	S/MANAGERS				*4+C //	
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NAME STREET ADDRESS	12143 Dividing Oaks Trail E		NAME	T ADDRESS	73.4		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.30.03